

SURS Outputs

03/29/2016

Output Reports CA-O-001 CPAS Strata Control Report

General Information

This report lists the Sample Parameters that were entered on CA-S-001. It also contains universe and sample counts, sample amounts, seed, and interval for each stratum. CPAS supports both fee-for-service and encounter claims. Encounter claims are included in this report if they match the conditions specified for the sample stratum.

Subsystem:	SURS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS
Program:	CPAS Strata Control Report (CAM110)
Confidential:	No
Sequence:	CPAS Stratum Number
Control Breaks:	N/A

CPAS Strata Control Report (CA-O-001)

CAM110
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
CPAS STRATA CONTROL REPORT FROM MM/DD/CCYY THRU MM/DD/CCYY

RUN DATE: MM/DD/CCYY											(03)	(01)	(02)	(05)	(06)	(07)						
MANDATORY SAMPLING											REQUESTED SAMP SIZE	UNIVERSE (04) COUNT	SEED	COMPUTED INTERVAL	SAMPLE COUNT							
INPATIENT HOSPITAL											99999	99,999,999,999	99999	999,999,999	99,999							
DRUG											99999	99,999,999,999	99999	999,999,999	99,999							
LONG TERM CARE											99999	99,999,999,999	99999	999,999,999	99,999							
OTHERS											99999	99,999,999,999	99999	999,999,999	99,999							
ALTERNATE SAMPLING											(11)	(12)	(13)	(14)	(15)	(16)	(17)	REQUESTED SAMP SIZE	UNIVERSE COUNT	COMPUTED SEED	INTERVAL	SAMPLE COUNT
(09) STRAT	(10) PROG	SUB PROG	BENE CODE	EXC CD	AID CATEGORY			CLAIM TYPE	PYMT STAT	FFP	REQUESTED SAMP SIZE	UNIVERSE COUNT	COMPUTED SEED	INTERVAL	SAMPLE COUNT							
01	XX XX XX	XX XX XX	XXXX XXXX XXXX	XX XX XX	XXX	XXX	XXX	XX	X	XX	99999	99,999,999,999	99999	999,999,999	99,999							
02	XX XX XX	XX XX XX	XXXX XXXX XXXX	XX XX XX	XXX	XXX	XXX	XX	X	XX	99999	99,999,999,999	99999	999,999,999	99,999							
03	XX XX XX	XX XX XX	XXXX XXXX XXXX	XX XX XX	XXX	XXX	XXX	XX	X	XX	99999	99,999,999,999	99999	999,999,999	99,999							

NUMBER OF CLAIMS IN UNIVERSE: 999,999,999,999 (18)
NUMBER OF CLAIM RECORDS SAMPLED: 999,999,999,999 (19)
BEGINNING AUDIT NUMBER: 99999 (20)
ENDING AUDIT NUMBER: 99999 (21)

* * * * * END OF REPORT * * * * *

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	FROM	Sample From Selection Date	DE7360	
2	THRU	Sample To Selection Date	DE7361	
3	REQUESTED SAMP SIZE	Stratum Sample Size	DE7304	CA_CPAS_SAMPLE
4	UNIVERSE COUNT	Calculated	DE0002	Count of claims which meet the sampling criteria for a given stratum.
5	COMPUTED SEED	Calculated	DE0002	Integer Remainder of a timestamp value divided by the sample size for a given stratum.
6	COMPUTED INTERVAL	Calculated	DE0002	The Universe count divided by the Sample size for a given stratum.

7	SAMPLE COUNT	Calculated	DE0002	The actual count of sample claims selected for a stratum using the random sampling algorithm.
8	SAMPLE AMOUNT	Calculated	DE0002	The sum of the paid amounts of claims selected in a sample.
9	STRAT	Stratum Number	DE7342	
10	PROG	Benefit Definition Plan Program Code	DE3551	CP_CLM_PYMT_REQ, CA_CPAS_BENEFIT
11	SUB PROG	Benefit Definition Plan Subprogram Code	DE3552	CP_CLM_PYMT_REQ, CA_CPAS_BENEFIT
12	BENE CODE	Benefit Definition Plan Benefit Code	DE3553	CP_CLM_PYMT_REQ, CA_CPAS_BENEFIT
13	EXC CD	Benefit Plan Exception Indicator	DE3072	CP_CLM_PYMT_REQ, CA_CPAS_BENEFIT
14	AID CATEGORY	Enrollee Eligibility Aid Category	DE3009	CP_CLM_PYMT_REQ, CA_CPAS_BENEFIT
15	CLAIM TYPE	Claim Type	DE2002	CP_CLM_PYMT_REQ, CA_CPAS_BENEFIT
16	PYMT STAT	Claim Status	DE2039	CP_CLM_STATUS, DR_POS_CLM_STATUS
17	FFP	Budget Fund Code	DE9831	FN_PYMT_RQST_DTL
18	NUMBER OF CLAIMS IN UNIVERSE	Calculated	DE0002	Number of claims that met the sampling criteria in the current sampling cycle.
19	NUMBER OF CLAIM RECORDS SAMPLED	Calculated	DE0002	Sum of Sampling counts for all sampling strata.
20	BEGINNING AUDIT NUMBER	Calculated	DE0002	The lowest CPAS review number assigned in the current sampling cycle.
21	ENDING AUDIT NUMBER	Calculated	DE0002	The highest CPAS Review number assigned in the current sampling cycle.

Output Reports CA-O-002 CPAS Claim Selection Detail

General Information

This report lists each claim that was included in the CPAS sample. CPAS supports both fee-for-service and encounter claims. Encounter claims are included in this report if they match the conditions specified for one of the sample strata.

Subsystem:	SURS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS
Program:	CPAS Sample Reporting (CAM300)
Confidential:	No
Sequence:	CPAS Review Number
Control Breaks:	None

CPAS Claim Selection Detail (CA-O-002)

CAM300
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
CPAS CLAIM SELECTION DETAIL

CPAS RVW# (01)	CLAIM REFERENCE (02)	AID CAT (03)	PROG (04)	SUB- PROG (05)	BENE CODE (06)	EXC CD (07)	RES C/C (08)	ENROLLEE ID (09)	LAST (10)	-----ENROLLEE NAME-----			DT OF SVC FROM-TO (14)	BILL AMT PYMT AMT (16)
										FIRST (11)	MI (12)	SUF (13)		
99999	XXXXXXXXXXXXXXXXXX	999	99	99	9999	XX	XXX	9999999999999	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	X	XXX	MM/DD/CCYY (15)	99,999.99 99,999.99
99999	XXXXXXXXXXXXXXXXXX	999	99	99	9999	XX	XXX	9999999999999	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	X	XXX	MM/DD/CCYY MM/DD/CCYY	99,999.99 99,999.99
99999	XXXXXXXXXXXXXXXXXX	999	99	99	9999	XX	XXX	9999999999999	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	X	XXX	MM/DD/CCYY MM/DD/CCYY	99,999.99 99,999.99
99999	XXXXXXXXXXXXXXXXXX	999	99	99	9999	XX	XXX	9999999999999	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	X	XXX	MM/DD/CCYY MM/DD/CCYY	99,999.99 99,999.99
99999	XXXXXXXXXXXXXXXXXX	999	99	99	9999	XX	XXX	9999999999999	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	X	XXX	MM/DD/CCYY MM/DD/CCYY	99,999.99 99,999.99
99999	XXXXXXXXXXXXXXXXXX	999	99	99	9999	XX	XXX	9999999999999	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	X	XXX	MM/DD/CCYY MM/DD/CCYY	99,999.99 99,999.99
99999	XXXXXXXXXXXXXXXXXX	999	99	99	9999	XX	XXX	9999999999999	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	X	XXX	MM/DD/CCYY MM/DD/CCYY	99,999.99 99,999.99
99999	XXXXXXXXXXXXXXXXXX	999	99	99	9999	XX	XXX	9999999999999	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	X	XXX	MM/DD/CCYY MM/DD/CCYY	99,999.99 99,999.99
99999	XXXXXXXXXXXXXXXXXX	999	99	99	9999	XX	XXX	9999999999999	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	X	XXX	MM/DD/CCYY MM/DD/CCYY	99,999.99 99,999.99
99999	XXXXXXXXXXXXXXXXXX	999	99	99	9999	XX	XXX	9999999999999	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	X	XXX	MM/DD/CCYY MM/DD/CCYY	99,999.99 99,999.99
99999	XXXXXXXXXXXXXXXXXX	999	99	99	9999	XX	XXX	9999999999999	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	X	XXX	MM/DD/CCYY MM/DD/CCYY	99,999.99 99,999.99
99999	XXXXXXXXXXXXXXXXXX	999	99	99	9999	XX	XXX	9999999999999	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	X	XXX	MM/DD/CCYY MM/DD/CCYY	99,999.99 99,999.99
99999	XXXXXXXXXXXXXXXXXX	999	99	99	9999	XX	XXX	9999999999999	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	X	XXX	MM/DD/CCYY MM/DD/CCYY	99,999.99 99,999.99
99999	XXXXXXXXXXXXXXXXXX	999	99	99	9999	XX	XXX	9999999999999	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	X	XXX	MM/DD/CCYY MM/DD/CCYY	99,999.99 99,999.99
99999	XXXXXXXXXXXXXXXXXX	999	99	99	9999	XX	XXX	9999999999999	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	X	XXX	MM/DD/CCYY MM/DD/CCYY	99,999.99 99,999.99
99999	XXXXXXXXXXXXXXXXXX	999	99	99	9999	XX	XXX	9999999999999	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	X	XXX	MM/DD/CCYY MM/DD/CCYY	99,999.99 99,999.99
99999	XXXXXXXXXXXXXXXXXX	999	99	99	9999	XX	XXX	9999999999999	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	X	XXX	MM/DD/CCYY MM/DD/CCYY	99,999.99 99,999.99
99999	XXXXXXXXXXXXXXXXXX	999	99	99	9999	XX	XXX	9999999999999	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	X	XXX	MM/DD/CCYY MM/DD/CCYY	99,999.99 99,999.99
99999	XXXXXXXXXXXXXXXXXX	999	99	99	9999	XX	XXX	9999999999999	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	X	XXX	MM/DD/CCYY MM/DD/CCYY	99,999.99 99,999.99

TOTAL SAMPLED CLAIMS:9,999,999 (19)
TOTAL SAMPLED BILLED AMOUNT:99,999,999,999.99 (20)
TOTAL SAMPLE PAID AMOUNT:99,999,999,999.99 (21)

* * * * * END OF REPORT * * * * *

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CPAS RVW#	CPAS Review Document Control Number	DE7312	
2	Claim Reference	Claim Request ICN	DE2001	
3	Aid Cat	Enrollee Eligibility Aid Category	DE3009	
4	Pgm	Benefit Definition Plan Program Code	DE3551	
5	Sub Pgm	Benefit Definition Plan Subprogram Code	DE3552	
6	Ben Cd	Benefit Definition Plan Benefit Code	DE3553	
7	Ex Cd	Benefit Plan Exception Indicator	DE3072	

8	RES C/C	Enrollee FIPS Code	DE3008	
9	Enrollee ID	Enrollee Identification Number	DE3001	
10	Enrollee Name - Last	Enrollee Last Name	DE3110	
11	Enrollee Name - First	Enrollee First Name	DE3111	
12	Enrollee Name - MI	Enrollee Middle Initial	DE3112	
13	Enrollee Name - Suf	Enrollee Name Suffix	DE3113	
14	Dt of Svc - From	Claim Service From Date	DE2010	
15	Dt of Svc - To	Claim Service Thru Date	DE2011	
16	Bill Amt	Claim Billed Charge	DE2016	
17	Pynt Amt	Claim Payment Amount	DE2023	
18	Payment Date	Remittance Payment Date	DE9578	
19	Total Sampled Claims	Calculated	DE0002	Count of claims in the selected sample.
20	Total Sampled Billed Amount	Calculated	DE0002	Sum of billed amounts of claims of the sampled claims.
21	Total Sampled Paid Amount	Calculated	DE0002	Sun of paid amounts of the sampled claims.

Output Reports CA-O-003 CPAS Sample Review Disposition Report by Review Number

General Information

This report lists the status of each CPAS review, by review number. CPAS supports both fee-for-service and encounter claims. Encounter claims are included in this report if they match the conditions specified for the sample stratum.

Subsystem:	SURS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS
Program:	CPAS Disposition by Review Number (CAM310)
Confidential:	No
Sequence:	From Selection Date CPAS Review Number
Control Breaks:	None

CPAS Sample Review Disposition Report, by Review Number (CA-O-003)

CAM310 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY CPAS MONTHLY SAMPLE REVIEW - DISPOSITION REPORT
RUN DATE: MM/DD/CCYY (06) BY REVIEW NUMBER
SAMPLE FROM: 99/99/999 TO: 99/99/9999 (07)

(01) REVIEW NUMBER	(02) REVIEW DISPOSITION	(03) REVIEWER NUMBER	(04) DATE ASSIGNED	(05) DATE COMPLETED
99999	XX	XXXXXXXX	MM/DD/CCYY	MM/DD/CCYY
99999	XX	XXXXXXXX	MM/DD/CCYY	MM/DD/CCYY
99999	XX	XXXXXXXX	MM/DD/CCYY	MM/DD/CCYY
99999	XX	XXXXXXXX	MM/DD/CCYY	MM/DD/CCYY
99999	XX	XXXXXXXX	MM/DD/CCYY	MM/DD/CCYY
99999	XX	XXXXXXXX	MM/DD/CCYY	MM/DD/CCYY
99999	XX	XXXXXXXX	MM/DD/CCYY	MM/DD/CCYY
99999	XX	XXXXXXXX	MM/DD/CCYY	MM/DD/CCYY
99999	XX	XXXXXXXX	MM/DD/CCYY	MM/DD/CCYY
99999	XX	XXXXXXXX	MM/DD/CCYY	MM/DD/CCYY
99999	XX	XXXXXXXX	MM/DD/CCYY	MM/DD/CCYY
99999	XX	XXXXXXXX	MM/DD/CCYY	MM/DD/CCYY
99999	XX	XXXXXXXX	MM/DD/CCYY	MM/DD/CCYY
99999	XX	XXXXXXXX	MM/DD/CCYY	MM/DD/CCYY
99999	XX	XXXXXXXX	MM/DD/CCYY	MM/DD/CCYY
99999	XX	XXXXXXXX	MM/DD/CCYY	MM/DD/CCYY
99999	XX	XXXXXXXX	MM/DD/CCYY	MM/DD/CCYY
99999	XX	XXXXXXXX	MM/DD/CCYY	MM/DD/CCYY
99999	XX	XXXXXXXX	MM/DD/CCYY	MM/DD/CCYY
99999	XX	XXXXXXXX	MM/DD/CCYY	MM/DD/CCYY
99999	XX	XXXXXXXX	MM/DD/CCYY	MM/DD/CCYY

* * * * * END OF REPORT * * * * *

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Review Number	CPAS Review Document Control Number	DE7312	CA_CPAS_SAMPLE_REVIEW table.
2	Review Disposition	CPAS Review Disposition Status	DE7321	CA_CPAS_SAMPLE_REVIEW table.
3	Reviewer Number	User/Operator ID	DE0012	CA_CPAS_SAMPLE_REVIEW table.
4	Date Assigned	CPAS Review Date Assigned	DE7330	CA_CPAS_SAMPLE_REVIEW table.
5	Date Completed	CPAS Review Date Completed	DE7331	CA_CPAS_SAMPLE_REVIEW table.
6	Sample From Date	Sample From Selection Date	DE7360	CA_CPAS_SAMPLE_REVIEW table.
7	Sample To Date	Sample To Selection Date	DE7361	CA_CPAS_SAMPLE_REVIEW table.

Output Reports CA-O-004 CPAS Monthly Sample Review Disposition Summary by Service Type, Claim Type

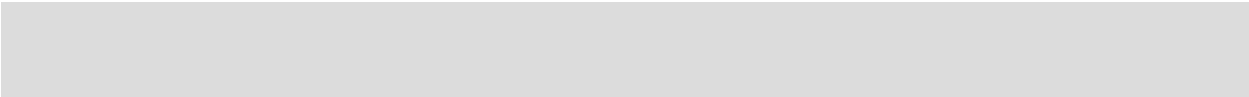
General Information

This report lists the status of each CPAS review, by invoice service type and Claim type. CPAS supports both fee-for-service and encounter claims. Encounter claims are included in this report if they match the conditions specified for the sample stratum.

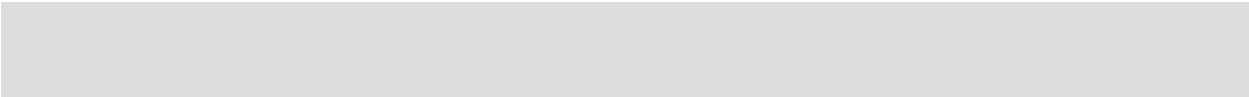
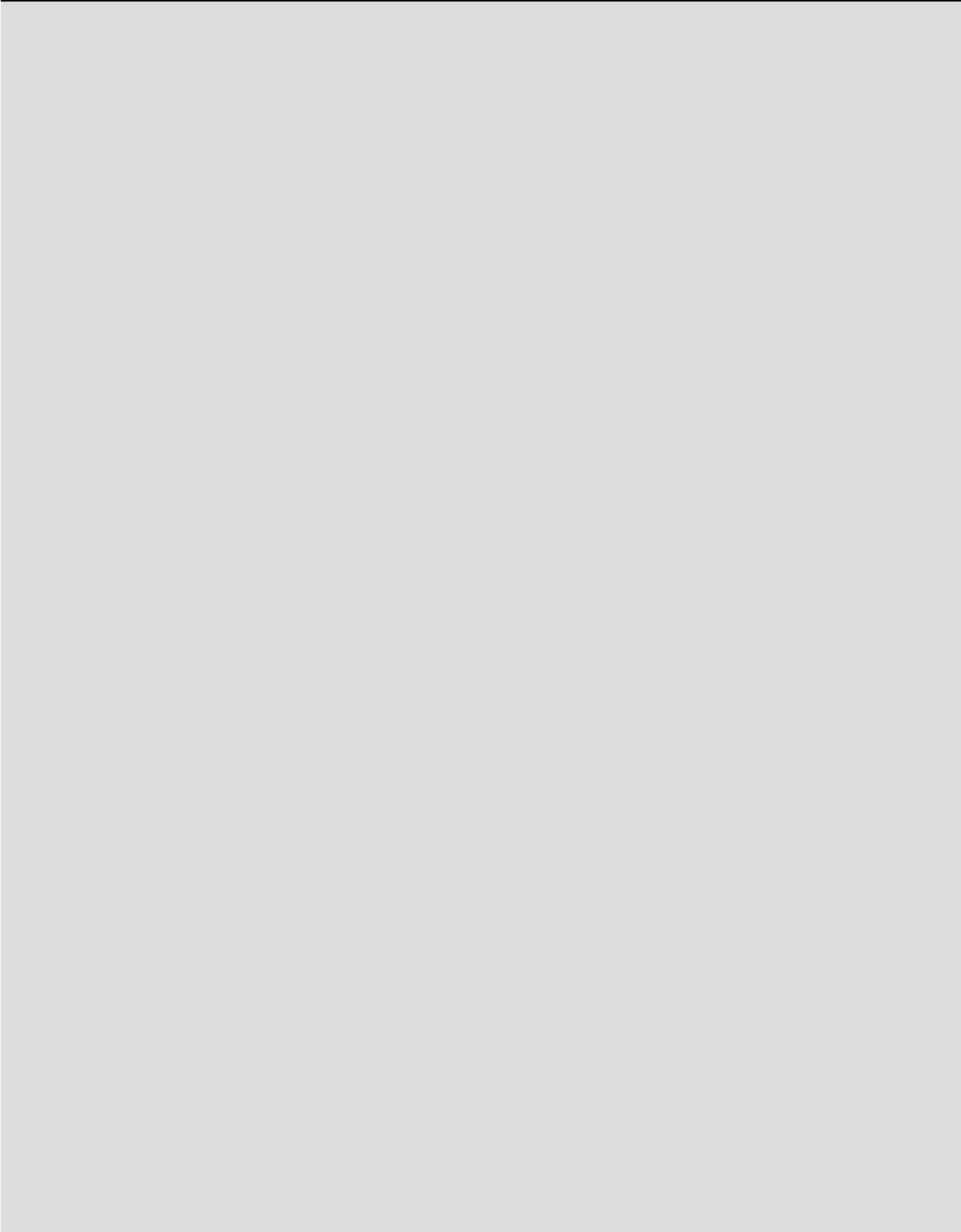
Subsystem:	SURS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS
Program:	CPAS Disposition by Service Claim (CAM320)
Confidential:	No
Sequence:	FROM Selection Date CPAS Service Type CPAS Type
Control Breaks:	None

CPAS Monthly Sample Review Disposition Summary by Service Type, Claim Type (CA-O-004)

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CPAS Service Type	CPAS Service Type	DE7333	CA_CPAS_SAMPLE_REVIEW table.
2	Claim Type	CPAS Claim Type	DE7332	CA_CPAS_SAMPLE_REVIEW table.
3	Number Claims	Calculated	DE0002	Count of claims within a given CPAS Service type and CPAS Claim type.
4	Review Disposition #1	Calculated	DE0002	Count of claims within a given CPAS Service type and CPAS Claim type with a CPAS Review Disposition = "1".
5	Review Disposition #2	Calculated	DE0002	Count of claims within a given CPAS Service type and CPAS Claim type with a CPAS Review Disposition = "2".
6	Review Disposition #3	Calculated	DE0002	Count of claims within a given CPAS Service type and CPAS Claim type with a CPAS Review Disposition = "3".
7	Sample From:	Sample From Selection	DE7360	CA_CPAS_SAMPLE_REVIEW table.



		Date		
8	Sample To:	Sample To Selection Date	DE7361	CA_CPAS_SAMPLE_REVIEW table.



Output Reports CA-O-005 CPAS Monthly Sample Review Procedural Errors

General Information

This report lists the procedure errors found during the review. CPAS supports both fee-for-service and encounter claims. Encounter claims are included in this report if they match the conditions specified for the sample stratum.

Subsystem:	SURS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS
Program:	CPAS Review Procedural Error Profile (CAM330)
Confidential:	No
Sequence:	FROM Selection Date CPAS Service Type CPAS Procedural Nature Code
Control Breaks:	None

CPAS Monthly Sample Review - Procedural Errors (CA-O-005)

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
CPAS MONTHLY SAMPLE REVIEW - PROCEDURAL ERRORS

06

07

[illegible]

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Service Type	CPAS Service Type	DE7333	CA_CPAS_SAMPLE_REVIEW table.
2	Procedural Nature Code	CPAS Review Procedure Error Nature	DE7323	CA_CPAS_PROC_ERR table.
3	Number of Errors - Original	Calculated	DE0002	Count of all Procedural errors on CPAS Review records in the current sampling cycle with a CPAS Claim type of "1", By CPAS Review Procedure Error Nature code within CPAS Service Type.
4	Number of Errors - Adjustments	Calculated	DE0002	Count of all Procedural errors on CPAS Review records in the current sampling cycle with a CPAS Claim type greater than "1", By CPAS

				Review Procedure Error Nature code within CPAS Service Type.
5	Number of Errors - Total	Calculated	DE0002	Count of all Procedural Nature errors on CPAS Review records in the current sampling cycle, By CPAS Review Procedure Error Nature code within CPAS Service Type.
6	Sample From:	Sample From Selection Date	DE7360	CA_CPAS_SAMPLE_REVIEW table.
7	Sample To:	Sample To Selection Date	DE7361	CA_CPAS_SAMPLE_REVIEW table.

Output Reports CA-O-006 CPAS Monthly Sample Review Dollar Errors

General Information

This report lists the errors found during the review that resulted in dollar adjustments. CPAS supports both fee-for-service and encounter claims. Encounter claims are included in this report if they match the conditions specified for the sample stratum.

Subsystem:	SURS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS
Program:	CPAS Review Dollar Error Profile (CAM340)
Confidential:	No
Sequence:	From Selection Date CPAS Service Type CPAS Dollar Nature Code
Control Breaks:	None

CPAS Monthly Sample Review - Dollar Errors (CA-O-006)

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
CPAS MONTHLY SAMPLE REVIEW - DOLLAR ERRORS

[illegible]

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Service Type	CPAS Service Type	DE7333	CA_CPAS_SAMPLE_REVIEW table.
2	Dollar Nature Code	CPAS Review Dollar Error Nature	DE7325	CA_CPAS_DOLLAR_ERR table.
3	Number of Errors - Original	Calculated	DE0002	Count of all Dollar Nature errors on CPAS Review records in the current sampling cycle with a CPAS Claim type Equal "1", By CPAS Review Dollar Error Nature code within CPAS Service Type.
4	Number of Errors - Adjustments	Calculated	DE0002	Count of all Dollar Nature errors on CPAS Review records in the current sampling cycle with a CPAS Claim type greater than "1", By CPAS

				Review Dollar Error Nature code within CPAS Service Type.
5	Number of Errors - Total	Calculated	DE0002	Count of all Dollar Nature errors on CPAS Review records in the current sampling cycle, By CPAS Review Dollar Error Nature code within CPAS Service Type.
6	Sample From:	Sample From Selection Date	DE7360	CA_CPAS_SAMPLE_REVIEW table.
7	Sample To:	Sample To Selection Date	DE7361	CA_CPAS_SAMPLE_REVIEW table.

Output Reports CA-O-010 MEQC Sample Control Sheet

General Information

This report contains control information concerning the MEQC sample, such as seed, interval, dates, record counts, and review number range. MEQC supports both fee-for-service and encounter claims. Encounter data is included in this report if it matches the conditions specified for the sample stratum.

Subsystem:	SURS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS
Program:	MEQC Sample Selection (CAM130)
Confidential:	No
Sequence:	MEQC Stratum Number
Control Breaks:	N/A

MEQC Sample Control Sheet (CA-O-010)

CAM130
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MEQC SAMPLE CONTROL SHEET

01	STRATUM		UNIVERSE	04	COMPUTED	05	SAMPLE
	NUM DESCRIPTION 02		03 COUNT		SEED	INTERVAL	06 COUNT
01	XXXXXXXXXXXXXXXXXXXX		99,999,999,999		999,999,999	999,999,999	9,999,999
02	XXXXXXXXXXXXXXXXXXXX		99,999,999,999		999,999,999	999,999,999	9,999,999
03	XXXXXXXXXXXXXXXXXXXX		99,999,999,999		999,999,999	999,999,999	9,999,999
04	XXXXXXXXXXXXXXXXXXXX		99,999,999,999		999,999,999	999,999,999	9,999,999
05	XXXXXXXXXXXXXXXXXXXX		99,999,999,999		999,999,999	999,999,999	9,999,999
06	XXXXXXXXXXXXXXXXXXXX		99,999,999,999		999,999,999	999,999,999	9,999,999
07	XXXXXXXXXXXXXXXXXXXX		99,999,999,999		999,999,999	999,999,999	9,999,999
08	XXXXXXXXXXXXXXXXXXXX		99,999,999,999		999,999,999	999,999,999	9,999,999

BEGINNING MEQC REVIEW NUMBER = 99999 07
ENDING MEQC REVIEW NUMBER = 99999 08

MEQC START DATE = MM/DD/CCYY 09
MEQC END DATE = MM/DD/CCYY 10

UNIVERSE RECORDS = 999,999,999,999 11
SAMPLE RECORDS = 999,999,999,999 12

* * * * * END OF REPORT * * * * *

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Stratum Number	Seq Num	DE0016	
2	Stratum Description	MEQC Stratum Description	DE7343	
3	Universe count	MEQC Stratum Universe Cases	DE7353	Number of cases in the universe for the stratum.
4	Computed Seed	Calculated	DE0002	The seed = the remainder (whole number, not decimal value) of the system clock and date value combined / interval. Example: Date value = 19991021 (ccyy mm dd) Time value = 08332388 (hh mm ss hh) Interval = 24 1999102108332388 / 24 = 83295921180516 remainder 4. Seed =

				4 If the remainder = zero, then the seed = interval.
5	Computed Interval	Calculated	DE0002	The interval = the universe count divided by the requested sample size rounded down to the integer. Example: Universe of 620 / Requested Sample Size of 25 = 24.8, rounded down = interval of 24.
6	Sample Count	Stratum Sample Size	DE7304	Number of cases selected from the universe for the stratum.
7	Beginning MEQC Review Number	MEQC Review Number	DE7351	
8	Ending MEQC Review Number	MEQC Review Number	DE7351	
9	MEQC Start Date	Sample From Selection Date	DE7360	
10	MEQC End Date	Sample To Selection Date	DE7361	
11	Universe Records	Calculated	DE0002	Number of cases in the universe for all strata.
12	Sample Records	Calculated	DE0002	Number of cases selected for sampling for all strata.

Output Reports CA-O-011 MEQC Current Universe Strata Summary

General Information

This report contains Strata summaries for the current month sampling, before any manual adjustments to the sample. MEQC supports both fee-for-service and encounter claims. Encounter data is included in this report if it matches the conditions specified for the sample stratum.

Subsystem:	SURS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS
Program:	MEQC Sample Selection (CAM130)
Confidential:	No
Sequence:	Stratum Number
Control Breaks:	N/A

MEQC Current Universe / Strata Summary (CA-O-011)

CAM130
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MEQC CURRENT UNIVERSE/STRATA SUMMARY
REVIEW PERIOD: MM/DD/CCYY - MM/DD/CCYY

STRATUM NUMBER 01 XXXXXXXXXXXXXXXXXXXX
-----PROGRAM/SUB-PROGRAM/BENEFIT CODE/EXCEP CD-----
99/99/9999/XX 99/99/9999/XX 99/99/9999/XX 99/99/9999/XX 99/99/9999/XX
UNIVERSE CASE COUNT UNIVERSE ENROLLEE COUNT SAMPLE CASE COUNT SAMPLE ENROLLEE COUNT SAMPLE PAID AMOUNT
999,999,999,999 999,999,999,999 999,999,999,999 999,999,999,999 999,999,999,999.99
STRATUM NUMBER 02 XXXXXXXXXXXXXXXXXXXX
-----PROGRAM/SUB-PROGRAM/BENEFIT CODE/EXCEP CD-----
99/99/9999/XX 99/99/9999/XX 99/99/9999/XX 99/99/9999/XX 99/99/9999/XX
UNIVERSE CASE COUNT UNIVERSE ENROLLEE COUNT SAMPLE CASE COUNT SAMPLE ENROLLEE COUNT SAMPLE PAID AMOUNT
999,999,999,999 999,999,999,999 999,999,999,999 999,999,999,999 999,999,999,999.99
STRATUM NUMBER 03 XXXXXXXXXXXXXXXXXXXX
-----PROGRAM/SUB-PROGRAM/BENEFIT CODE/EXCEP CD-----
99/99/9999/XX 99/99/9999/XX 99/99/9999/XX 99/99/9999/XX 99/99/9999/XX
UNIVERSE CASE COUNT UNIVERSE ENROLLEE COUNT SAMPLE CASE COUNT SAMPLE ENROLLEE COUNT SAMPLE PAID AMOUNT
999,999,999,999 999,999,999,999 999,999,999,999 999,999,999,999 999,999,999,999.99
STRATUM NUMBER 04 XXXXXXXXXXXXXXXXXXXX
-----PROGRAM/SUB-PROGRAM/BENEFIT CODE/EXCEP CD-----
99/99/9999/XX 99/99/9999/XX 99/99/9999/XX 99/99/9999/XX 99/99/9999/XX
UNIVERSE CASE COUNT UNIVERSE ENROLLEE COUNT SAMPLE CASE COUNT SAMPLE ENROLLEE COUNT SAMPLE PAID AMOUNT
999,999,999,999 999,999,999,999 999,999,999,999 999,999,999,999 999,999,999,999.99
ALL STRATA
UNIVERSE CASE COUNT UNIVERSE ENROLLEE COUNT SAMPLE CASE COUNT SAMPLE ENROLLEE COUNT SAMPLE PAID AMOUNT
999,999,999,999 999,999,999,999 999,999,999,999 999,999,999,999 999,999,999,999.99

* * * * * END OF REPORT * * * * *

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	REVIEW PERIOD [FROM]	Sample From Selection Date	DE7360	
2	REVIEW PERIOD [THRU]	Sample To Selection Date	DE7361	
3	STRATUM NUMBER	Stratum Number	DE7342	
4	[Stratum Description]	MEQC Stratum Description	DE7343	
5	PROGRAM	Benefit Definition Plan Program Code	DE3551	
6	SUB-PROGRAM	Benefit Definition Plan Subprogram Code	DE3552	

7	BENEFIT CODE	Benefit Definition Plan Benefit Code	DE3553	
8	EXCEP CD	Benefit Plan Exception Indicator	DE3072	
9	AID CATEGORY	Enrollee Eligibility Aid Category	DE3009	
10	REGION	Region Code	DE5249	
11	RESIDENTIAL C/C	Enrollee FIPS Code	DE3008	
12	UNIVERSE CASE COUNT	Calculated	DE0002	Number of cases in the universe for the stratum.
13	UNIVERSE ENROLLEE COUNT	Calculated	DE0002	Number of enrollees associated with cases in the universe for the stratum.
14	SAMPLE CASE COUNT	Calculated	DE0002	Number of cases selected for sampling in the stratum.
15	SAMPLE ENROLLEE COUNT	Calculated	DE0002	Number of enrollees associated with cases in the sample for the stratum.
16	SAMPLE PAID AMOUNT	Calculated	DE0002	Total DE 2023 Claim Payment Amount associated with all enrollees within all cases selected for sampling for the stratum.
17	ALL STRATA: UNIVERSE CASE COUNT	Calculated	DE0002	Number of cases in the universe in all stratum
18	ALL STRATA: UNIVERSE ENROLLEE COUNT	Calculated	DE0002	Number of enrollees associated with cases in the universe in all stratum.
19	ALL STRATA: SAMPLE CASE COUNT	Calculated	DE0002	Number of cases selected for sampling in all stratum.
20	ALL STRATA: SAMPLE ENROLLEE COUNT	Calculated	DE0002	Number of enrollees associated with cases in the sample in all stratum.
21	ALL STRATA: SAMPLE PAID AMOUNT	Calculated	DE0002	Total DE 2023 Claim Payment Amount associated with all enrollees within all cases selected for sampling in all stratum.

Output Reports CA-O-012 MEQC Preliminary Universe Strata Summary

General Information

This report contains Sample summaries for the current six month sampling period. It is a preliminary summary, taken before any adjustments are applied. MEQC supports both fee-for-service and encounter claims. Encounter data is included in this report if it matches the conditions specified for the sample stratum.

Subsystem:	SURS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS
Program:	N/A
Confidential:	No
Sequence:	Sample Period Stratum Number
Control Breaks:	Sample Period - total Sample Period, new page

MEQC Preliminary Universe / Strata Summary (CA-O-012)

CAM140
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MEQC PRELIMINARY UNIVERSE/STRATA SUMMARY
REVIEW PERIOD: MM/DD/CCYY - MM/DD/CCYY

STRATUM NUMBER 01 XXXXXXXXXXXXXXXXXXXX
-----PROGRAM/SUB-PROGRAM/BENEFIT CODE/EXCEP CD-----AID CATEGORY-----REGN TYPE ----REGION-----
99/99/9999/XX 99/99/9999/XX 99/99/9999/XX 99/99/9999/XX 99/99/9999/XX 999 999 999 999 999 XXXX XXXX XXXX XXXX
UNIVERSE CASE COUNT UNIVERSE ENROLLEE COUNT SAMPLE CASE COUNT SAMPLE ENROLLEE COUNT
999,999,999,999 999,999,999,999 999,999,999,999 999,999,999,999
STRATUM NUMBER 02 XXXXXXXXXXXXXXXXXXXX
-----PROGRAM/SUB-PROGRAM/BENEFIT CODE/EXCEP CD-----AID CATEGORY-----REGN TYPE ----REGION-----
99/99/9999/XX 99/99/9999/XX 99/99/9999/XX 99/99/9999/XX 99/99/9999/XX 999 999 999 999 999 XXXX XXXX XXXX XXXX
UNIVERSE CASE COUNT UNIVERSE ENROLLEE COUNT SAMPLE CASE COUNT SAMPLE ENROLLEE COUNT
999,999,999,999 999,999,999,999 999,999,999,999 999,999,999,999
STRATUM NUMBER 03 XXXXXXXXXXXXXXXXXXXX
-----PROGRAM/SUB-PROGRAM/BENEFIT CODE/EXCEP CD-----AID CATEGORY-----REGN TYPE ----REGION-----
99/99/9999/XX 99/99/9999/XX 99/99/9999/XX 99/99/9999/XX 99/99/9999/XX 999 999 999 999 999 XXXX XXXX XXXX XXXX
UNIVERSE CASE COUNT UNIVERSE ENROLLEE COUNT SAMPLE CASE COUNT SAMPLE ENROLLEE COUNT
999,999,999,999 999,999,999,999 999,999,999,999 999,999,999,999
STRATA TOTALS FOR REVIEW PERIOD: MM/DD/CCYY - MM/DD/CCYY
UNIVERSE CASE COUNT UNIVERSE ENROLLEE COUNT SAMPLE CASE COUNT SAMPLE ENROLLEE COUNT
999,999,999,999 999,999,999,999 999,999,999,999 999,999,999,999
STRATA TOTALS FOR ALL PERIODS TO DATE
UNIVERSE CASE COUNT UNIVERSE ENROLLEE COUNT SAMPLE CASE COUNT SAMPLE ENROLLEE COUNT
999,999,999,999 999,999,999,999 999,999,999,999 999,999,999,999

* * * * * END OF REPORT * * * * *

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	REVIEW PERIOD [FROM]	Sample From Selection Date	DE7360	
2	REVIEW PERIOD [THRU]	Sample To Selection Date	DE7361	
3	STRATUM NUMBER	Stratum Number	DE7342	
4	[Stratum Description]	MEQC Stratum Description	DE7343	
5	PROGRAM	Benefit Definition Plan Program Code	DE3551	
6	SUB-PROGRAM	Benefit Definition Plan Subprogram Code	DE3552	
7	BENEFIT CODE	Benefit Definition Plan	DE3553	

		Benefit Code		
8	EXCEP CD	Benefit Plan Exception Indicator	DE3072	
9	Aid Category	Enrollee Eligibility Aid Category	DE3009	
10	REGN TYPE	Region Type	DE5244	
11	Region	Region Code	DE5249	
12	RESIDENTIAL C/C	Enrollee FIPS Code	DE3008	
13	UNIVERSE CASE COUNT	Calculated	DE0002	Add 1 for each case selected for the universe, within the stratum.
14	UNIVERSE ENROLLEE COUNT	Calculated	DE0002	Add 1 for each enrollee associated with each case selected for the universe, within the stratum.
15	SAMPLE CASE COUNT	Calculated	DE0002	Add 1 for each for each case selected for the sample, within the stratum.
16	SAMPLE ENROLLEE COUNT	Calculated	DE0002	Add 1 for each enrollee associated with each case selected for the sample, within the stratum.
17	REVIEW PERIOD (FROM)	Sample From Selection Date	DE7360	
18	REVIEW PERIOD (THRU)	Sample To Selection Date	DE7361	
19	STRATA TOTALS REVIEW PERIOD: UNIVERSE CASE COUNT	Calculated	DE0002	Add 1 for each case selected for the universe, for all stratum in the review period.
20	STRATA TOTALS REVIEW PERIOD: UNIVERSE ENROLLEE COUNT	Calculated	DE0002	Add 1 for each enrollee associated with each case selected for the universe, for all stratum in the review period.
21	STRATA TOTALS REVIEW PERIOD: SAMPLE CASE COUNT	Calculated	DE0002	Add 1 for each case selected for the sample, for all stratum in the review period.
22	STRATA TOTALS REVIEW PERIOD: SAMPLE ENROLLEE	Calculated	DE0002	Add 1 for each enrollee associated with each case selected for the sample, for all stratum in the review period.

	COUNT			
23	STRATA TOTALS FOR ALL PERIODS: UNIVERSE CASE COUNT	Calculated	DE0002	Add 1 for each case selected for the universe, for all stratum in all review periods.
24	STRATA TOTALS FOR ALL PERIODS: UNIVERSE ENROLLEE COUNT	Calculated	DE0002	Add 1 for each enrollee associated with each case selected for the universe, for all stratum in all review periods.
25	STRATA TOTALS FOR ALL PERIODS: SAMPLE CASE COUNT	Calculated	DE0002	Add 1 for each case selected for the sample, for all stratum in all review periods.
26	STRATA TOTALS FOR ALL PERIODS: SAMPLE ENROLLEE COUNT	Calculated	DE0002	Add 1 for each enrollee associated with each case selected for the sample, for all stratum in all review periods.

Output Reports CA-O-013 MEQC Preliminary Sample Enrollee Detail

General Information

This report contains a list of the enrollees who were included in the current month sample, before any manual adjustments to the sample. MEQC supports both fee-for-service and encounter claims. Encounter data is included in this report if it matches the conditions specified for the sample stratum.

Subsystem:	SURS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS
Program:	MEQC Enrollee Detail (CAM370)
Confidential:	No
Sequence:	Case Number
Control Breaks:	N/A

MEQC Preliminary Sample Enrollee Detail (CA-O-013)

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MEQC PRELIMINARY SAMPLE ENROLLEE DETAIL
FROM:- TO:-

[illegible]

* * * * * END OF REPORT * * * * *

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Case Number	Case Identification Number	DE3043	
2	REGN TYPE	Region Type	DE5244	
3	Regn	Region Code	DE5249	
4	RES C/C	Enrollee FIPS Code	DE3008	
5	Aid Cat	Enrollee Eligibility Aid Category	DE3009	
6	PR	Benefit Definition Plan Program Code	DE3551	
7	SB PR	Benefit Definition Plan Subprogram Code	DE3552	
8	BENE CODE	Benefit Definition Plan	DE3553	

		Benefit Code		
9	EXC CD	Benefit Plan Exception Indicator	DE3072	
10	Enrollee ID	Enrollee Identification Number	DE3001	
11	ENROLLEE NAME -LAST	Enrollee Last Name	DE3110	
12	ENROLLEE NAME -SUF	Enrollee Name Suffix	DE3113	
13	ENROLLEE Name - First	Enrollee First Name	DE3111	
14	ENROLLEE Name - MI	Enrollee Middle Initial	DE3112	
15	Medicaid Income Amt	Enrollee Gross Income	DE3035	
16	Elig Begin Date	Enrollee Eligibility Begin Date	DE3010	
17	Elig End Date	Determined by Program Coded Logic	DE9986	Contents determined by program logic. See Calculations for fields 17.1, 17.2 and 17.3
17.1	Elig End Date	Eligibility Cancel Date	DE3452	If Eligibility Cancel Date (DE 3452) is populated, 'Elig End Date' represents DE 3452,
17.2	Elig End Date	Enrollee Eligibility End Date	DE3011	If Eligibility Cancel Date (DE 3452) is not populated and Eligibility End Date (DE 3011) is populated, 'Elig End Date' represents Eligibility End Date (DE 3011).
17.3	Elig End Date	Static Default Literal	DE9987	If neither Eligibility Cancel Date (DE 3452) nor Eligibility End Date (DE 3011) is populated, 'Elig End Date' is spaces.

Output Reports CA-O-014 MEQC Universe Strata Summary

General Information

This report contains Sample summaries for the current six month sampling period. It is the final summary, taken after any manual adjustments to the sample are applied. MEQC supports both fee-for-service and encounter claims. Encounter data is included in this report if it matches the conditions specified for the sample stratum.

Subsystem:	SURS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS
Program:	MEQC Period to Date Universe/Strata Summary (CAM360)
Confidential:	No
Sequence:	Sample Period Stratum Number
Control Breaks:	Sample Period - total Sample Period, new page

MEQC Universe / Strata Summary (CA-O-014)

CAM360
AS OF MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MEQC UNIVERSE/STRATA SUMMARY
REVIEW PERIOD: MM/DD/CCYY - MM/DD/CCYY

STRATUM NUMBER 01 XXXXXXXXXXXXXXXXXXXX
-----PROGRAM/SUB-PROGRAM/BENEFIT CODE/EXCEP CD----- AID CATEGORY----- REGN TYPE -----REGION-----
99/99/9999/XX 99/99/9999/XX 99/99/9999/XX 99/99/9999/XX 99/99/9999/XX 999 999 999 999 999 XXXX XXXX XXXX XXXX
UNIVERSE CASE COUNT UNIVERSE ENROLLEE COUNT SAMPLE CASE COUNT SAMPLE ENROLLEE COUNT
999,999,999,999 999,999,999,999 999,999,999,999 999,999,999,999
STRATUM NUMBER 02 XXXXXXXXXXXXXXXXXXXX
-----PROGRAM/SUB-PROGRAM/BENEFIT CODE/EXCEP CD----- AID CATEGORY----- REGN TYPE -----REGION-----
99/99/9999/XX 99/99/9999/XX 99/99/9999/XX 99/99/9999/XX 99/99/9999/XX 999 999 999 999 999 XXXX XXXX XXXX XXXX
UNIVERSE CASE COUNT UNIVERSE ENROLLEE COUNT SAMPLE CASE COUNT SAMPLE ENROLLEE COUNT
999,999,999,999 999,999,999,999 999,999,999,999 999,999,999,999
STRATUM NUMBER 03 XXXXXXXXXXXXXXXXXXXX
-----PROGRAM/SUB-PROGRAM/BENEFIT CODE/EXCEP CD----- AID CATEGORY----- REGN TYPE -----REGION-----
99/99/9999/XX 99/99/9999/XX 99/99/9999/XX 99/99/9999/XX 99/99/9999/XX 999 999 999 999 999 XXXX XXXX XXXX XXXX
UNIVERSE CASE COUNT UNIVERSE ENROLLEE COUNT SAMPLE CASE COUNT SAMPLE ENROLLEE COUNT
999,999,999,999 999,999,999,999 999,999,999,999 999,999,999,999
STRATA TOTALS FOR REVIEW PERIOD: MM/DD/CCYY - MM/DD/CCYY
UNIVERSE CASE COUNT UNIVERSE ENROLLEE COUNT SAMPLE CASE COUNT SAMPLE ENROLLEE COUNT
999,999,999,999 999,999,999,999 999,999,999,999 999,999,999,999
STRATA TOTALS FOR ALL PERIODS TO DATE
UNIVERSE CASE COUNT UNIVERSE ENROLLEE COUNT SAMPLE CASE COUNT SAMPLE ENROLLEE COUNT
999,999,999,999 999,999,999,999 999,999,999,999 999,999,999,999
* * * * * END OF REPORT * * * * *

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	REVIEW PERIOD [FROM]	Stratum Sample From Date	DE7340	
2	REVIEW PERIOD [THRU]	Stratum Sample To Date	DE7341	
3	STRATUM NUMBER	Stratum Number	DE7342	
4	[Stratum Description]	MEQC Stratum Description	DE7343	
5	PROGRAM	Benefit Definition Plan Program Code	DE3551	
6	SUB-PROGRAM	Benefit Definition Plan Subprogram Code	DE3552	

7	BENEFIT CODE	Benefit Definition Plan Benefit Code	DE3553	
8	EXCEP CD	Benefit Plan Exception Indicator	DE3072	
9	AID CATEGORY	Enrollee Eligibility Aid Category	DE3009	
10	REGN TYPE	Region Type	DE5244	
11	REGION	Region Code	DE5249	
12	RESIDENTIAL C/C	Enrollee FIPS Code	DE3008	
13	UNIVERSE CASE COUNT	Calculated	DE0002	Add 1 for each case selected for the universe, within the stratum.
14	UNIVERSE ENROLLEE COUNT	Calculated	DE0002	Add 1 for each enrollee associated with each case selected for the universe, within the stratum.
15	SAMPLE CASE COUNT	Calculated	DE0002	Add 1 for each for each case selected for the sample, within the stratum.
16	SAMPLE ENROLLEE COUNT	Calculated	DE0002	Add 1 for each enrollee associated with each case selected for the sample, within the stratum.
17	REVIEW PERIOD (FROM)	Sample From Selection Date	DE7360	
18	REVIEW PERIOD (THRU)	Sample To Selection Date	DE7361	
19	STRATA TOTALS REVIEW PERIOD: UNIVERSE CASE COUNT	Calculated	DE0002	Add 1 for each case selected for the universe, for all stratum in the review period.
20	STRATA TOTALS REVIEW PERIOD: UNIVERSE ENROLLEE COUNT	Calculated	DE0002	Add 1 for each enrollee associated with each case selected for the universe, for all stratum in the review period.
21	STRATA TOTALS REVIEW PERIOD: SAMPLE CASE COUNT	Calculated	DE0002	Add 1 for each case selected for the sample, for all stratum in the review period.
22	STRATA TOTALS REVIEW PERIOD:	Calculated	DE0002	Add 1 for each enrollee associated with each case selected for the sample, for all stratum in the review period.

	SAMPLE ENROLLEE COUNT			
23	STRATA TOTALS FOR ALL PERIODS: UNIVERSE CASE COUNT	Calculated	DE0002	Add 1 for each case selected for the universe, for all stratum in all review periods.
24	STRATA TOTALS FOR ALL PERIODS: UNIVERSE ENROLLEE COUNT	Calculated	DE0002	Add 1 for each enrollee associated with each case selected for the universe, for all stratum in all review periods.
25	STRATA TOTALS FOR ALL PERIODS: SAMPLE CASE COUNT	Calculated	DE0002	Add 1 for each case selected for the sample, for all stratum in all review periods.
26	STRATA TOTALS FOR ALL PERIODS: SAMPLE ENROLLEE COUNT	Calculated	DE0002	Add 1 for each enrollee associated with each case selected for the sample, for all stratum in all review periods.

Output Reports CA-O-015 MEQC

Final Sample Case Report

General Information

This report contains a list of the enrollees who were included in the current month sample, after any manual adjustments to the sample. MEQC supports both fee-for-service and encounter claims. Encounter data is included in this report if it matches the conditions specified for the sample stratum.

Subsystem:	SURS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS
Program:	MEQC Final Case/Enrollee Detail (CAM400)
Confidential:	No
Sequence:	MEQC Review Number
Control Breaks:	N/A

MEQC Final Sample Case Report (CA-O-015)

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MEQC FINAL SAMPLE CASE REPORT
FROM: MM/DD/YYYY TO: MM/DD/YYYY

* * * * * END OF REPORT * * * * *

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	FROM	Sample From Selection Date	DE7360	
2	TO	Sample To Selection Date	DE7361	
3	MEQC REV#	MEQC Review Number	DE7351	
4	CASE NUMBER	Case Identification Number	DE3043	
5	REGN TYPE	Region Type	DE5244	
6	REGN	Region Code	DE5249	
7	DSS LOC	Case Administrative FIPS Code	DE3039	
8	CASE SSN	Case Social Security Number	DE3450	

9	LAST	Case Last Name	DE3487	
10	SUF	Case Name Suffix	DE3490	
11	FIRST	Case First Name	DE3488	
12	MI	Case Middle Initial	DE3489	
13	CASE BEGIN	Enrollee Case Association Begin Date	DE3410	
14	CASE END	Enrollee Case Association End Date	DE3411	

Output Reports CA-O-016 MEQC

Final Case Enrollee Report

General Information

This report contains a list of the cases with enrollees that were included in the current month sample, after any manual adjustments to the sample. MEQC supports both fee-for-service and encounter claims. Encounter data is included in this report if it matches the conditions specified for the sample stratum.

Subsystem:	SURS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS
Program:	MEQC Final Case/Enrollee Detail (CAM400)
Confidential:	No
Sequence:	MEQC Review Number Case Number Enrollee Number
Control Breaks:	N/A

MEQC Final Case / Enrollee Report (CA-O-016)

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* * * * * END OF REPORT * * * * *

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	FROM	Sample From Selection Date	DE7360	
2	TO	Sample To Selection Date	DE7361	
3	MEQC REV#	MEQC Review Number	DE7351	
4	CASE NUMBER	Case Identification Number	DE3043	
5	REGN TYPE	Region Type	DE5244	
6	REGN	Region Code	DE5249	
7	RES C/C	Enrollee FIPS Code	DE3008	
8	AID CAT	Enrollee Eligibility Aid Category	DE3009	

9	PR	Benefit Definition Plan Program Code	DE3551	
10	SP	Benefit Definition Plan Subprogram Code	DE3552	
11	BNCD	Benefit Definition Plan Benefit Code	DE3553	
12	EXC	Benefit Plan Exception Indicator	DE3072	
13	ENROLLEE ID	Enrollee Identification Number	DE3001	
14	LAST	Enrollee Last Name	DE3110	
15	SUF	Enrollee Name Suffix	DE3113	
16	FIRST	Enrollee First Name	DE3111	
17	MI	Enrollee Middle Initial	DE3112	
18	MEDICAID INCOME AMT	Enrollee Gross Income	DE3035	
19	ELIG BEGIN	Enrollee Eligibility Begin Date	DE3010	
20	AID CATEGORY	Aid Category Code Description	DE3301	
21	ELIG END	Determined by Program Coded Logic	DE9986	Contents determined by program logic. See Calculations for fields 21.1 and 21.2.
21.1	ELIG END	Eligibility Cancel Date	DE3452	If Eligibility Cancel Date DE 3452 is populated, then 'ELIG END' contains DE 3452
21.2	ELIG END	Static Default Literal	DE9987	If Eligibility Cancel Date DE 3452 is not populated, then 'ELIG END' contains spaces.
22	BENEFIT PLAN	Benefit Definition Plan Short Name	DE3555	

Output Reports CA-O-017 MEQC Statistical Sample Report

General Information

This report contains the number of cases and enrollees in the current sample along with dollar totals for billed, paid, and liability. MEQC supports both fee-for-service and encounter claims. Encounter data is included in this report if it matches the conditions specified for the sample stratum.

Subsystem:	SURS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS
Program:	MEQC Case/Enrollee Claims Review (CAM410)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

MEQC Statistical Sample Report (CA-O-017)

CAM410
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MEQC STATISTICAL SAMPLE REPORT

TOTAL NUMBER OF ELIGIBLE CASES: 999,999,999,999 01
TOTAL NUMBER OF ELIGIBLE ENROLLEES : 999,999,999,999 02
TOTAL NUMBER OF PAID CLAIMS: 999,999,999,999 03

TOTAL DOLLARS BILLED: 999,999,999,999.99 04
TOTAL DOLLARS ALLOWED: 999,999,999,999.99 05
TOTAL PATIENT LIABILITY: 999,999,999,999.99 06
TOTAL DOLLARS OTHER LIABILITY: 999,999,999,999.99 07
TOTAL DOLLARS PAID: 999,999,999,999.99 08

* * * * * END OF REPORT * * * * *

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Total Number of Eligible Cases	Calculated	DE0002	Total number of cases within the sample.
2	Total Number of Eligible Enrollees	Calculated	DE0002	Total number of enrollees associated with each case in the sample.
3	Total Number of Paid Claims	Calculated	DE0002	Total number of paid claims for all enrollees associated with all cases in the sample.
4	Total Dollars Billed	Calculated	DE0002	Total claim billed amount DE 2016 of all claims for all enrollees associated with all cases in the sample.
5	Total Dollars Allowed	Calculated	DE0002	Total claim allowed amount DE 2073 of all claims for all enrollees associated with all cases in the sample.
6	Total Patient Liability	Calculated	DE0002	Total claim patient liability amount DE 2022 of all claims for all enrollees associated with all cases in the sample.

7	Total Dollars Other Liability	Calculated	DE0002	Total claim other liability (TPL) amount DE 2018 of all claims for all enrollees associated with all cases in the sample.
8	Total Dollars Paid	Calculated	DE0002	Total claim paid amount DE 2023 of all claims for all enrollees associated with all cases in the sample.

Output Reports CA-O-018 MEQC Case Enrollee Claims Review

General Information

This report lists information for all claims for all enrollees included in the final monthly sample. MEQC supports both fee-for-service and encounter claims. Encounter data is included in this report if it matches the conditions specified for the sample stratum.

Subsystem:	SURS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS
Program:	MEQC Case/Enrollee Claims Review (CAM410)
Confidential:	No
Sequence:	MEQC Review Number Case Number Enrollee Number Provider Number Claim ICN
Control Breaks:	Enrollee Number Case Number

MEQC Case / Enrollee Claims Review (CA-O-018)

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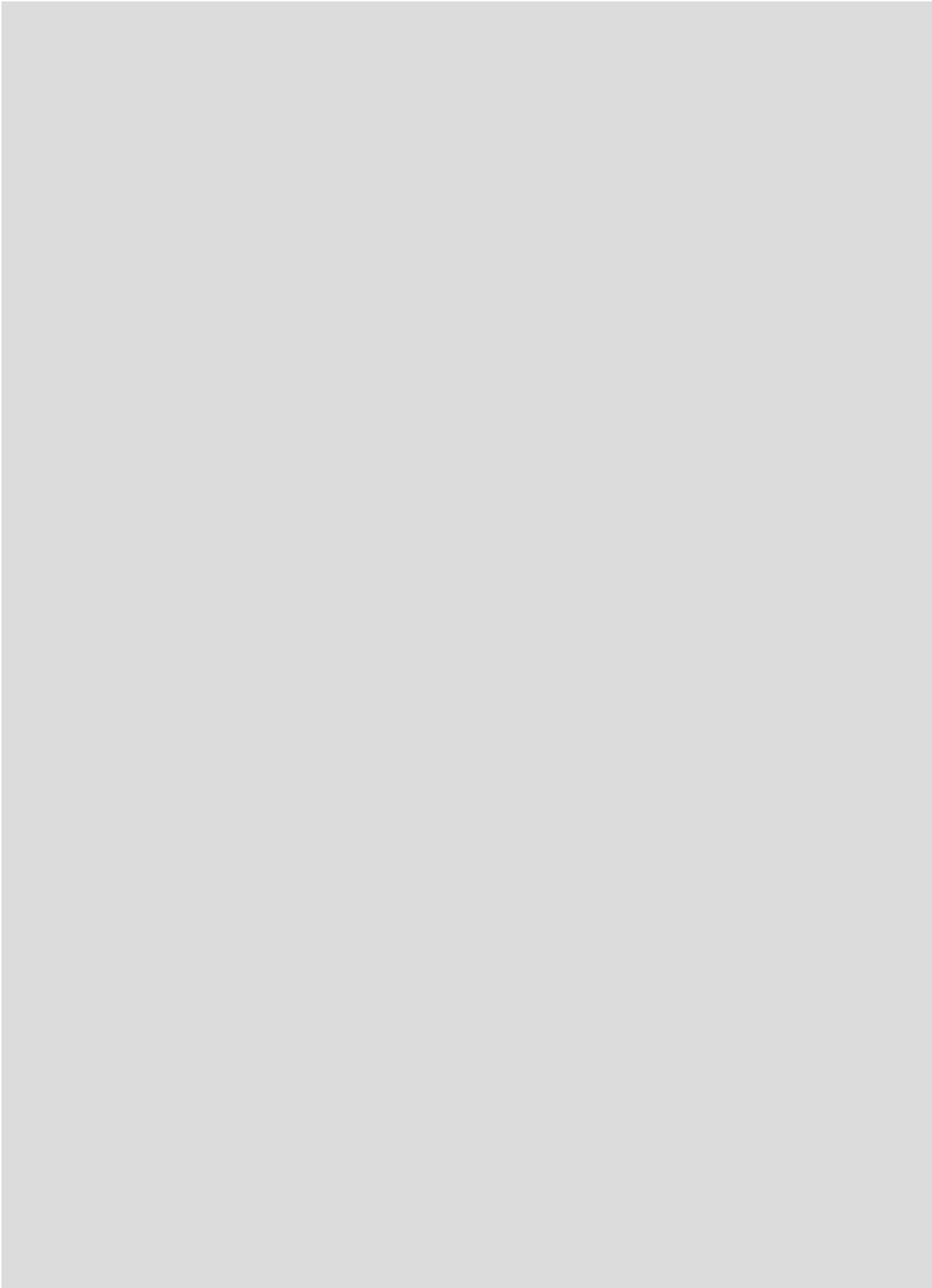
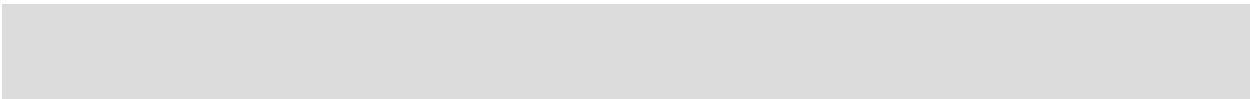
Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	MEQC Review Number	MEQC Review Number	DE7351	
2	CASE: Case ID	Case Identification Number	DE3043	
3	CASE: Case Name (Last)	Case Last Name	DE3487	
4	CASE: Case Name (First)	Case First Name	DE3488	
5	CASE: Case Name (MI)	Case Middle Initial	DE3489	
6	CASE: Case Name (Suffix)	Case Name Suffix	DE3490	
7	Enrollee: Admin Code	Case Administrative FIPS Code	DE3039	

8	ENROLLEE: Enrollee ID	Enrollee Identification Number	DE3001	
9	ENROLLEE: Enrollee Name (Last)	Enrollee Last Name	DE3110	
10	ENROLLEE: Enrollee Name (First)	Enrollee First Name	DE3111	
11	ENROLLEE: Enrollee Name (MI)	Enrollee Middle Initial	DE3112	
12	ENROLLEE: Enrollee Name (Suffix)	Enrollee Name Suffix	DE3113	
13	ENROLLEE: Enrollee SSN	Enrollee Social Secur- ity Number (SSN)	DE3034	
14	ENROLLEE: Birth Date	Enrollee Birth Date	DE3005	
15	ENROLLEE: Res- idential C/C	Enrollee FIPS Code	DE3008	
16	ENROLLEE: Sex	Enrollee Sex Code	DE3007	
17	Enrollee: [FIPS] Begin Date	Case Administrative FIPS Begin Date	DE3491	
18	Enrollee: [FIPS] End Date	Case Administrative FIPS End Date	DE3492	
19	Enrollee: Aid Cat- egory	Enrollee Eligibility Aid Category	DE3009	
20	Enrollee: [Eli- gibility] Begin Date	Enrollee Eligibility Begin Date	DE3010	
21	Enrollee: [Eli- gibility] End Date	Enrollee Eligibility End Date	DE3011	
22	Enrollee: Cancel Date	Eligibility Cancel Date	DE3452	
23	Enrollee: [Cancel] Reason	Eligibility Cancel Reason	DE3451	
24	Enrollee: Rein- state	Enrollee Reinstatement Reason	DE3453	
25	Enrollee: Prog	Benefit Definition Plan Program Code	DE3551	
26	Enrollee: SubProg	Benefit Definition Plan Subprogram Code	DE3552	
27	Enrollee: Bene Cd	Benefit Definition Plan Benefit Code	DE3553	

28	Enrollee: Exc	Benefit Plan Exception Indicator	DE3072	
29	Enrollee: [Benefit Plan] Begin Date	Benefit Definition Plan Begin (Effective) Date	DE3556	
30	Enrollee: [Benefit Plan] End Date	Benefit Definition Plan End (Termination) Date	DE3557	
31	Enrollee: Medicare Status	Option Status Code	DE3100	
32	Enrollee: [Medicare] Premium	Enrollee Medicare Premium Payment Amount	DE3030	
33	Enrollee: [Medicare] Begin Date	Enrollee Medicare Begin Date	DE3023	
34	Enrollee: [Medicare] End Date	Enrollee Medicare End Date	DE3078	
35	Enrollee: TPL Code	TPL Coverage Code	DE3013	
36	Enrollee: [TPL] Premium Amount	HIPP Premium Amount	DE9537	
37	Enrollee: [TPL] Begin Date	TPL Coverage Effective (Begin) Date	DE3667	
38	Enrollee: [TPL] End Date	TPL Coverage End Date	DE3668	
39	Enrollee: [Benefits] Assign Code	Enrollee Benefit Assignment Code	DE3019	
40	Enrollee: [Benefits] Provider Type	Provider Type	DE4006	
42	Enrollee: [Benefits] Begin Date	Enrollee Benefit Enrollment Begin Date	DE3064	
43	Enrollee: [Benefits] End Date	Enrollee Benefit Enrollment End Date	DE3065	
44	Provider ID	National Provider Identifier	DE4700	
45	Provider Name	Provider Name	DE4085	
46	Provider: Type	Provider Type	DE4006	
47	Provider: Spec	Provider Specialty Code	DE4007	
48	Provider: Org	Provider Type of Practice Organization	DE4009	
49	Provider: Billing ID	National Provider Identifier	DE4700	
50	Claim: Clm Typ	Claim Type	DE2002	

51	Claim: Service Dates [From]	Claim Service From Date	DE2010	
52	Claim: Service Dates {Thru]	Claim Service Thru Date	DE2011	
53	Claim: Paid Date	Remittance Payment Date	DE9578	
54	Claim: Allowed Amt	Claim Allowed Amount	DE2073	
55	Claim: Billed Amt	Claim Billed Charge	DE2016	
56	Claim: TPL Amount	Claim Third Party Payment	DE2018	
57	Claim: Copay Amt	Claim Medicaid Co-Payment	DE2022	
58	Claim: ICN	Claim Request ICN	DE2001	
59	Claim: COB	Claim COB Indicator	DE2544	
60	Claim: Loc	Claim Professional Place of Service	DE2173	
61	Claim: Preauth	Prior Authorization Control Number	DE2024	
62	Claim: Ref Prov	National Provider Identifier	DE4700	
63	Total Enrollee: Allowed Amt	Calculated	DE0002	Total claim allowed amount DE 2073 of all claims for an enrollee within a case.
64	Total Enrollee: Billed Amt	Calculated	DE0002	Total claim billed amount DE 2016 of all claims for an enrollee within a case.
65	Total Enrollee: TPL Amount	Calculated	DE0002	Total claim TPL paid amount DE 2019 of all claims for an enrollee within a case.
66	Total Enrollee: Copay Amt	Calculated	DE0002	Total claim copay amount DE 2022 of all claims for an enrollee within a case.
67	Total Case: Allowed Amt	Calculated	DE0002	Total claim allowed amount DE 2073 of all claims for the enrollees in a case.
68	Total Case: Billed Amt	Calculated	DE0002	Total claim billed amount DE 2016 of all claims for the enrollees in a case.
69	Total Case: TPL Amount	Calculated	DE0002	Total claim TPL paid amount DE 2019 of all claims for the enrollees in a case.
70	Total Case: Copay Amt	Calculated	DE0002	Total claim copay amount DE 2022 of all claims for the enrollees in a case.
71	Sample Month/Year	Sample From Selection Date	DE7360	Derive Month and Year from Master Begin date of the MEQC Master File
72	DIAG CODE	Diagnosis Code	DE5301	



Output Reports CA-O-019 MEQC Historical Eligibility Change Report

General Information

This report lists enrollees included in the final sample who have had any eligibility status change. MEQC supports both fee-for-service and encounter claims. Encounter data is included in this report if it matches the conditions specified for the sample stratum.

Subsystem:	SURS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS
Program:	MEQC Historical Eligibility Change (CAM420)
Confidential:	No
Sequence:	Enrollee Number
Control Breaks:	N/A

MEQC Historical Eligibility Change Report (CA-O-019)

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MEQC HISTORICAL ELIGIBILITY CHANGE REPORT

[illegible]

* * * * * END OF REPORT * * * * *

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Enrollee ID	Enrollee Identification Number	DE3001	
2	Enrollee Name [Last]	Enrollee Last Name	DE3110	
3	Enrollee Name [First]	Enrollee First Name	DE3111	
4	Enrollee Name [MI]	Enrollee Middle Initial	DE3112	
5	Enrollee Name [Suffix]	Enrollee Name Suffix	DE3113	
6	Covered Dates - Begin	Enrollee Eligibility Begin Date	DE3010	
7	Covered Dates -	Enrollee Eligibility End	DE3011	

	End	Date		
8	Aid Cat	Enrollee Eligibility Aid Category	DE3009	
9	Prog	Benefit Definition Plan Program Code	DE3551	
10	Sub-Prog	Benefit Definition Plan Subprogram Code	DE3552	
11	Bene Code	Benefit Definition Plan Benefit Code	DE3553	
12	EXC CD	Benefit Plan Exception Indicator	DE3072	
13	Rsn	Eligibility Cancel Reason	DE3451	
14	Cancel Date	Eligibility Cancel Date	DE3452	
15	Reinstate	Enrollee Reinstatement Reason	DE3453	

Output Reports CA-O-020 MEQC Negative Sample Report

General Information

This report lists the sample of cancelled enrollees for the current monthly sample. MEQC supports both fee-for-service and encounter claims. Encounter data is included in this report if it matches the conditions specified for the sample stratum.

Subsystem:	SURS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS
Program:	Generate Negative MEQC File & Report (CAM155)
Confidential:	No
Sequence:	Region Type Region Enrollee Number
Control Breaks:	Region Type Region

MEQC Negative Sample Report (CA-O-020)

9	Enrollee Address [LINE 1]	Enrollee Additional Address Name	DE3114	
10	Enrollee Address [LINE 2]	Enrollee Street Address	DE3115	
11	Enrollee Address [CITY]	Enrollee City Name	DE3116	
12	Enrollee Address [STATE]	Enrollee State Code	DE3117	
13	Enrollee Address [ZIP]	Enrollee ZIP Code	DE3118	
14	Case ID	Case Identification Number	DE3043	
15	Case Name [Last]	Case Last Name	DE3487	
16	Case Name [First]	Case First Name	DE3488	
17	Case Name [MI]	Case Middle Initial	DE3489	
18	CASE NAME [SUFFIX]	Case Name Suffix	DE3490	
19	RESIDENTIAL C/C:	Enrollee FIPS Code	DE3008	
20	RESIDENTIAL C/C: [DESCRIPTION]	Locality Name	DE5255	
21	Birth Date:	Enrollee Birth Date	DE3005	
22	Benefit Code:	Benefit Definition Benefit Plan Code	DE3550	
23	Case Last Act Date:	Enrollee Update Transaction Date	DE3026	
24	Case Cancel Reason:	Eligibility Cancel Reason	DE3451	
25	Case Cancel Reason: [Description]	Administrative FIPS Code End Reason	DE3486	
26	Region Total	Calculated	DE0002	Number of cancelled enrollees in the region sampled.
27	Total Enrollee Cancelled Records	Calculated	DE0002	Number of cancelled enrollees in the universe.
28	Supplied DSS Denied Count	MEQC DSS Cases	DE7363	
29	Requested Sample Size	MEQC Sample Size	DE7362	
30	Computed Seed Value	Calculated	DE0002	The seed = the remainder (whole number, not decimal value) of the system

				clock and date value combined / interval. Example: Date value = 19991021 (ccyy mm dd) Time value = 08332388 (hh mm ss hh) Interval = 24 $1999102108332388 / 24 = 83295921180516$ remainder 4. Seed = 4 If the remainder = zero, then the seed = interval.
31	Computed Interval Value	Calculated	DE0002	The interval = the universe count divided by the requested sample size rounded down to the integer. Example: Universe of 620 / requested sample size of 25 = 24.8, rounded down = interval of 24.
32	Enrollee Cancelled Records Selected	Calculated	DE0002	Number of enrollee records in the sample.

Output Reports CA-O-021 MEQC Sample Adjustment Report

General Information

This report list all manual adjustments applied to the MEQC Sample. MEQC supports both fee-for-service and encounter claims. Encounter data is included in this report if it matches the conditions specified for the sample stratum.

Subsystem:	SURS
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS
Program:	MEQC Adjustment (CAM380)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

MEQC Sample Adjustment Report (CA-O-021)

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MEQC SAMPLE ADJUSTMENT REPORT

* * * * * END OF REPORT * * * * *

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CASE ID	Case Identification Number	DE3043	
2	ADJ TYPE	MEQC Update Type	DE7352	
3	STRATA	Stratum Number	DE7342	
4	DESCRIPTION	Calculated	DE0002	Literal = ADDED for add Literal = DELETED for delete

Output Reports CA-O-025 Provider Sample Selection Recap

General Information

This report contains the parameters that were used to take the sample, along with universe and sample record counts. Provider sampling supports both fee-for-service and encounter claims. Encounter data is included in this report if it matches the conditions specified for the sample stratum.

Subsystem:	SURS
Frequency:	Daily
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS
Program:	Provider Sample Recap (CAM200)
Confidential:	No
Sequence:	N/A
Control Breaks:	Provider Audit Number

Provider Sample Selection Recap (CA-O-025)

CAM200 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF MM/DD/CCYY MEDICAID QUALITY CONTROL
RUN DATE: MM/DD/CCYY HH:MM PROVIDER SAMPLE SELECTION RECAP

AUDIT NUMBER CCYYMMDD-999 (01)

REQUESTOR:XXXX (02)

SAMPLE:

SAMPLE VARIABLE: X (03) SAMPLE TYPE: X (04) SAMPLE FACTOR: XXXX (05)

STRATUM 1 AMOUNT 999999999.99 (06) STRATUM 3 AMOUNT 999999999.99 (07)

PROVIDER:

BILLING: 1234567890 (08) SERVICING:1234567890 (09) REFERRING: 1234567890 (10)

PROV TYPE: XXX (11.1) SPECIALTY: XXX (11.2) SITE: XX (11.3)

CLAIM:

DATE OF SRVC: MM/DD/CCYY - MM/DD/CCYY (13.1) (13.2)

INVOICE TYPE: XX XX XX XX (14) (15.1,2,3)

(15) TYPE: X SERVICE CODE: XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX

DIAGNOSIS CODE: XXXXX XXXXX XXXXX XXXXX XXXXX XXXXX (16)

DRG CODE: XXXX XXXX XXXX XXXX XXXX (17)

TECH CODE:XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX (18)

ENROLLEE:

PROGRAM/SUB PROGRAM/BENEFIT CODE/EXCEPTION CD: (19) (20) (21) (22) 99/99/9999/XX 99/99/9999/XX 99/99/9999/XX 99/99/9999/XX

AID CATEGORY: XXX XXX XXX XXX XXX (23) SEX: X (24) AGE: XXX TO XXX (25) (26)

ZIP: XXXXX XXXXX XXXXX XXXXX XXXXX (27) RESIDENTIAL C/C: XXX (28) XXX XXX XXX XXX

TOTALS:

	UNIVERSE	SAMPLE	SAMPLE FACTOR	INTERVAL	START POINT	COMPUT
RENDERING PROVIDERS:	99,999,999,999 (29)	99,999,999,999 (30)	999 (31)	999999 (32)	9999 (33)	CCYY/MM/DD 9
CLAIMS:	99,999,999,999 (35)	99,999,999,999 (36)				
UNDULICATED ENROLLEES:	99,999,999,999 (37)	99,999,999,999 (38)				
BILLED:	9,999,999,999.99 (39)	9,999,999,999.99 (40)				
PAID:	9,999,999,999.99 (41)	9,999,999,999.99 (42)				
STRATUM 1:	99,999,999,999 (43)	99,999,999,999 (44)	RANGE (48)	(45)	.00 - 99,999,999.99 (46)	
STRATUM 2:	99,999,999,999 (47)	99,999,999,999 (48)	RANGE (48)		99,999,999.99 - 99,999,999.99 (50)	
STRATUM 3:	99,999,999,999 (51)	99,999,999,999 (52)	RANGE (53)		AND ABOVE (54)	

NOTE: SAMPLE DEFAULTED TO FULL AUDIT (55)

* * * * * END OF REPORT * * * * *

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Audit Number	Audit Number	DE7399	Formatted as ccyyymmdd-999 Where ccyyymmdd = current date 999 = next review number DE 7398
2	Requestor	Provider Sample Requestor	DE7396	
3	SAMPLE: Sample Variable	Provider Sample Variable	DE7370	
4	SAMPLE: Sample Type	Provider Sample Type	DE7371	
5	SAMPLE: Sample Factor	Provider Sample Factor	DE7372	
6	SAMPLE: Stratum 1 Amount	Provider Sample Stratum 1 Amount	DE7373	

7	SAMPLE: Stratum 3 Amount	Provider Sample Stratum 3 Amount	DE7374	
8	Provider: Billing	National Provider Identifier	DE4700	If a Billing NPI is returned for any Audit record Populate the Billing Provider field with the ten digit NPI. Otherwise, if a Billing Provider ID is returned populate the Billing Provider field with the 9 digit Provider ID left Justified.
9	Provider: Servicing	National Provider Identifier	DE4700	If a servicing NPI is returned for any audit record, populate the Servicing Provider field with the ten digit Servicing NPI. Otherwise, if a Servicing Provider ID is returned populate the Servicing Provider field with the 9 digit Servicing Provider ID - left Justified.
10	Provider: Referring	National Provider Identifier	DE4700	If a referring NPI is returned for any audit record, populate the Referring Provider field with the ten digit Referring NPI. Otherwise, if a Referring Provider ID is returned, populate the Referring Provider field with the 9 digit Referring Provider ID - left Justified.
11.1	Provider: PROV Type	Provider Type	DE4006	
11.2	Provider: Specialty	Provider Specialty Code	DE4007	
11.3	Site	NPI XREF Site Number	DE4143	Servicing provider site number on the selection criteria.
13.1	Claim: Date of Srvc FROM	Sample From Selection Date	DE7360	
13.2	Claim: Date of Srvc TO	Sample To Selection Date	DE7361	
14	Claim: Invoice Type	Claim Type	DE2002	
15	[SERVICE CODE] TYPE	Service Code Type	DE7415	
15.1	Claim: Service Code	Procedure Code	DE5002	
15.2	CLAIM: SERVICE CODE	Drug Code (NDC)	DE5200	
15.3	Claim: Revenue Code	Claim Revenue Code	DE2122	
16	Claim: Diagnosis Code	Diagnosis Code	DE5301	

17	Claim: DRG Code	DRG (Diagnosis Related Group) Code	DE5353	
18	Claim: Tech Code	User/Operator ID	DE0012	
19	Enrollee: PROGRAM	Benefit Definition Plan Program Code	DE3551	
20	ENROLLEE: SUB-PROGRAM	Benefit Definition Plan Subprogram Code	DE3552	
21	ENROLLEE: BENEFIT CODE	Benefit Definition Plan Benefit Code	DE3553	
22	ENROLLEE: EXCEPTION CD	Benefit Plan Exception Indicator	DE3072	
23	Enrollee: Aid Category	Enrollee Eligibility Aid Category	DE3009	
24	Enrollee: Sex	Enrollee Sex Code	DE3007	
25	Enrollee: Age (FROM)	Provider Sample Enrollee From Age	DE7394	
26	Enrollee: Age (THRU)	Provider Sample Enrollee To Age	DE7395	
27	Enrollee: ZIP	Enrollee ZIP Code	DE3118	
28	Enrollee: RESIDENTIAL C/C	Enrollee FIPS Code	DE3008	
29	Totals: Rendering Providers - Universe	Provider Sample Rendering Providers	DE7381	Number of unique rendering providers in the provider universe.
30	Totals: Rendering Providers - Sample	Servicing Providers in Sample	DE7472	Number of unique rendering providers in the provider sample.
31	Sample Factor	Provider Sample Factor	DE7372	
32	Interval	Sample Interval	DE7473	The interval = the universe count divided by the requested sample size rounded down to the integer. Example: Universe of 620 / requested sample size of 25 = 24.8, rounded down = interval of 24.
33	Start Point	Sample Start Displacement	DE7474	The start point = the remainder (whole number, not decimal value) of the system clock and date value combined / interval. Example: Date value = 19991021 (ccyy mm dd) Time value = 08332388 (hh mm ss hh) Interval = 24 $1999102108332388 / 24 = 83295921180516$ remainder 4. Seed

				= 4 If the remainder = zero, then the seed = interval.
34	Computer Clock Timestamp	Sample Seed Timestamp	DE7386	Obtained from the system clock. Contains the value used to compute the start point in an interval sample.
35	TOTALS: Claims - Universe	Provider Sample Claim Universe Size	DE7375	Number of claims selected in the claim universe.
36	Totals: Claims - Sample	Provider Sample Claim Sample Size	DE7376	Number of claims selected in the claim sample.
37	Totals: Unduplicated Enrollees - Universe	Provider Sample Enrollee Universe Size	DE7377	Number of unique enrollees selected in the claim universe.
38	Totals Unduplicated Enrollees - Sample	Provider Sample Enrollee Sample Size	DE7378	Number of unique enrollees selected in the claim sample.
39	Totals: Billed - Universe	Provider Sample Claims Universe Billed	DE7379	Total of billed amount on claims selected in the universe.
40	Totals: Billed - Sample	Billed Sample Amount	DE7475	Total of billed amount on claims selected in the sample.
41	Totals: Paid - Universe	Provider Sample Claims Universe Paid	DE7380	Total of paid amount on claims selected in the universe.
42	Totals: Paid - Sample	Paid Sample Amount	DE7476	Total of paid amount on claims selected in the sample.
43	Totals: Stratum 1 - Universe	Provider Sample Universe Stratum 1	DE7382	Number of claims in stratum 1 of the universe.
44	Totals: Stratum 1 - Sample	Stratum 1 Sample Count	DE7477	Number of claims in stratum 1 of the sample.
45	Stratum 1 Range Begin	Calculated	DE0002	Always zero.
46	Stratum 1 Range End	Provider Sample Stratum 1 Amount	DE7373	
47	Totals: Stratum 2 - Universe	Provider Sample Universe Stratum 2	DE7383	Number of claims in stratum 2 of the universe.
48	Totals: Stratum 2 - Sample	Stratum 2 Sample Count	DE7478	Number of claims in stratum 2 of the sample.
49	Stratum 2 Range Begin	Calculated	DE0002	Amount in Stratum 1 End DE 7373 + \$.01
50	Stratum 2 Range End	Calculated	DE0002	Amount in Stratum 3 Begin - \$.01
51	Totals: Stratum 3 - Universe	Provider Sample Universe Stratum 3	DE7384	Number of claims in stratum 3 of the universe.
52	Totals: Stratum 3 - Sample	Stratum 3 Sample Count	DE7479	Number of claims in stratum 3 of the sample.

53	Stratum 3 Range Begin	Provider Sample Stratum 3 Amount	DE7374	
54	Stratum 3 Range End	Calculated	DE0002	Infinity...no limit on ending range. Print Literal "AND ABOVE".
55	[Full Audit Message]	Calculated	DE0002	Text message that prints when the sample defaults to a full audit (see program specs).

Output Reports CA-O-026 Provider Audit Sample Enrollee Report

General Information

This report lists the enrollees of each provider who was sampled, by provider. Provider sampling supports both fee-for-service and encounter claims. Encounter data is included in this report if it matches the conditions specified for the sample stratum.

Subsystem:	SURS
Frequency:	Daily
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	7 Years
Distribution:	DMAS
Program:	Provider Audit Sample Enrollee Report (CAM430)
Confidential:	No
Sequence:	Enrollee Name
Control Breaks:	Audit Number

Provider Audit Sample Enrollee Report (CA-O-026)

AUDIT TYPE X XXXXXXXXX PROVIDER ID:1234567890 PROVIDER NAME: XX

[illegible]

TOTAL ENROLLEES THIS PROVIDER 9,999,999⁽²⁰⁾

* * * * * END OF REPORT * * * * *

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Service From	Sample From Selection Date	DE7360	
2	Service Through	Sample To Selection Date	DE7361	
3	Audit	Audit Number	DE7399	Formatted as ccyyymmdd-999 Where ccyyymmdd = current date 999 = next review number DE 7398
4	Audit Type	Provider Sample Type	DE7371	
5	Audit Type [Description]	Code Value Description	DE0018	
6	Provider ID	National Provider Identifier	DE4700	

7	Provider Name	Provider Name	DE4085	
12	Enrollee ID	Enrollee Permanent Identification Number	DE3093	
13	Seq Num	Calculated	DE0002	Incremented from 1 by 1 for each sampled enrollee, after enrollee sample is sorted by Enrollee Last Name DE 3110, and Enrollee First Name De 3111.
14	Enrollee Name [Last]	Enrollee Last Name	DE3110	
15	Enrollee Name [First]	Enrollee First Name	DE3111	
16	Enrollee Name [MI]	Enrollee Middle Initial	DE3112	
17	Enrollee Name [Suffix]	Enrollee Name Suffix	DE3113	
18	Birth Date	Enrollee Birth Date	DE3005	
19	Soc Sec Nbr	Enrollee Social Security Number (SSN)	DE3034	
20	Total Enrollees this Provider	Calculated	DE0002	Total enrollees sampled for the provider.

Output Reports CA-O-027 Provider Sample Audit Worksheet

General Information

This report contains the provider, enrollee, and claims information used to perform the provider audit. Provider sampling supports both fee-for-service and encounter claims. Encounter data is included in this report if it matches the conditions specified for the sample stratum.

Subsystem:	SURS
Frequency:	Daily
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	7 Years
Distribution:	DMAS
Program:	Provider Sample Selection (CAM170) Provider Audit Worksheet (CAM440)
Confidential:	No
Sequence:	Rendering Provider ID Enrollee Sequence Number Claim Service Date From
Control Breaks:	Provider Audit Number Enrollee Sequence Number

Provider Sample Audit Worksheet (CA-O-027)

CAM440

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
PROVIDER AUDIT WORKSHEET

AS OF: MM/DD/CCYY

RUN DATE: MM/DD/CCYY

AUDIT NO: CCYYMMDD-999 SERVICES FROM: MM/DD/CCYY THRU: MM/DD/CCYY SAMPLE TYPE: X
PROVIDER ID: 1234567890 PROVIDER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX TYPE 999 SPECIALTY 999
ENROLLEE SEQ: 999 ENROLLEE ID: 9999999999999999 ENROLLEE NAME: XXXXXXXXXXXXXXXXXXXX XXXX
BIRTH DATE: MM/DD/CCYY SEX: X RACE: X SOC SEC NBR: 999-99-9999 CANCEL DATE: MM/DD/CCYY
AID CATEGORY: XXX BEGIN: MM/DD/CCYY END: MM/DD/CCYY PROG/SUB-PROG/BENE/EXC: 99/99/9999/XX BEGIN: MM/DD/CCYY
XXX MM/DD/CCYY MM/DD/CCYY MM/DD/CCYY 99/99/9999/XX MM/DD/CCYY
99/99/9999/XX MM/DD/CCYY

TOTAL AMOUNT ALLOWED : _____

TOTAL AMOUNT DISALLOWED : _____

TOTAL PAYMENT THIS ENROLLEE: 9,999,999.99

TYPE	COS	SERVICE DATES	PAID DATE	ALLOW AMT	PAID	TPL	PT PAY	COPAY	ICN	CO
XXXX	XX	MM/DD/CCYY-MM/DD/CCYY	MM/DD/CCYY	99,999.99	99,999.99	99,999.99	99,999.99	99,999.99	XXXXXXXXXXXXXXXXXX	X

CODE	DESC	MOD	AMOUNT	UNITS
XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX XX XX	9,999,999.99	99999

EOBCODES:

XXXX:XXXXXXXXXXXXXXXXXXXX

DIAG:XXXXXXXXXXXXXXXXXXXXXXXXXXXX

DRG:XXX XXX

COMMENTS: _____

UVS/CODE: _____
AMOUNT ALLOWED: _____
AMOUNT DISALLOWED: _____
ERROR REASON: _____

COMMENTS:	UWS/CODE:
	AMOUNT ALLOWED:
	AMOUNT DISALLOWED:
	ERROR REASON:

CAM440 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY PROVIDER AUDIT WORKSHEET
RUN DATE: MM/DD/CCYY

AUDIT NO: CCYYMMDD-999 SERVICES FROM: MM/DD/CCYY THRU: MM/DD/CCYY SAMPLE TYPE: X
PROVIDER ID: 1234567890 PROVIDER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX TYPE 999 SPECIALTY 999
ENROLLEE SEQ: 999 ENROLLEE ID: 999999999999 ENROLLEE NAME: XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX X XXX
BIRTH DATE: MM/DD/CCYY SEX: X AGE: X SOC SEC NBR: 999-99-9999 CANCEL DATE: MM/DD/CCYY
AID CATEGORY: XXX BEGIN: MM/DD/CCYY END: MM/DD/CCYY PROG/SUB-PROG/BENE/EXC: 99/99/9999/XX BEGIN: MM/DD/CCYY
XXX MM/DD/CCYY MM/DD/CCYY 99/99/9999/XX MM/DD/CCYY
XXX MM/DD/CCYY MM/DD/CCYY 99/99/9999/XX MM/DD/CCYY

TOTAL AMOUNT ALLOWED : _____
TOTAL AMOUNT DISALLOWED : _____
TOTAL PAYMENT THIS ENROLLEE: 9,999,999.99

TYPE COS	SERVICE DATES	PAID DATE	ALLOW AMT	PAID AMT	TPL	PT PAY	COPAY	ICN	COM
XXX XX	MM/DD/CCYY-MM/DD/CCYY	MM/DD/CCYY	99,999.99	99,999.99	99,999.99	99,999.99	99,999.99	XXXXXXXXXXXXXXXXXX	XX

-----REVENUE-----
CODE AMOUNT UNITS LTC RATE
XXX 999,999.00 99999 99,999.99

EOBCODES:
XXXX:XXXXXXXXXXXXXXXXXXXX
DIAG:XXXXX XXXXXXXXXXXXXXXXXXXXXXXX
DRG:XXX XX

COMMENTS: _____ UVS/CODE: _____
AMOUNT ALLOWED: _____
AMOUNT DISALLOWED: _____
ERROR REASON: _____

CAM440 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY PROVIDER AUDIT WORKSHEET
RUN DATE: MM/DD/CCYY

AUDIT NO: CCYYMMDD-999 SERVICES FROM: MM/DD/CCYY THRU: MM/DD/CCYY SAMPLE TYPE: X
PROVIDER ID: 1234567890 PROVIDER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX TYPE 999
ENROLLEE SEQ: 999 ENROLLEE ID: 9999999999999999 ENROLLEE NAME: XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX X
BIRTH DATE: MM/DD/CCYY SEX: X AGE: X SOC SEC NBR: 999-99-9999 CANCEL DATE
AID CATEGORY: XXX BEGIN: MM/DD/CCYY END: MM/DD/CCYY PROG/SUB-PROG/BENE/EXC: 99/99/99
XXX MM/DD/CCYY MM/DD/CCYY 99/99/999
XXX MM/DD/CCYY MM/DD/CCYY 99/99/999

TOTAL AMOUNT ALLOWED : _____
TOTAL AMOUNT DISALLOWED : _____
TOTAL PAYMENT THIS ENROLLEE: 9,999,999.99

TYPE	COS	SERVICE DATES	PAID DATE	ALLOW AMT	PAID	TPL	PT PAY	COPAY	ICM
XXX	XX	MM/DD/CCYY-MM/DD/CCYY	MM/DD/CCYY	99,999.99	99,999.99	99,999.99	99,999.99	99,999.99	XXX

--DENTAL--
TOOTH SUR
XX X X X X
XX X

EOBCODES:
XXXX:XXXXXXXXXXXXXXXXXXXX
DIAG:XXXXXX XXXXXXXXXXXXXXXXXXXXXXXX DRG:XXX XXXXXXXXXXXXXXXXXXXXXXXX

COMMENTS: _____ UVS/CODE: _____
_____ AMOUNT ALLOWED: _____
_____ AMOUNT DISALLOWED: _____
_____ ERROR REASON: _____

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Audit No	Audit Number	DE7399	Formatted as ccyyymmdd-999 Where ccyyymmdd = current date 999 = next review number DE 7398
2	Services From	Sample From Selection Date	DE7360	
3	(Service) Thru	Sample To Selection Date	DE7361	
4	Sample Type	Provider Sample Type	DE7371	
5	Provider ID	National Provider Identifier	DE4700	
6	Provider Name	Provider Name	DE4085	

7	Provider: Type	Provider Type	DE4006	
8	Provider: Specialty	Provider Specialty Code	DE4007	
9	Provider: Site	NPI XREF Site Number	DE4143	Servicing provider site number on the selection criteria.
10	Enrollee: Seq	Calculated	DE0002	Incremented from 1 by 1 for each sampled enrollee, after enrollee sample is sorted by Enrollee Last Name DE 3110, and Enrollee First Name De 3111.
11	Enrollee: Enrollee ID	Enrollee Permanent Identification Number	DE3093	
12	Enrollee: Enrollee Name [Last]	Enrollee Last Name	DE3110	
13	Enrollee: (Enrollee Name First)	Enrollee First Name	DE3111	
14	Enrollee: (Enrollee Name MI)	Enrollee Middle Initial	DE3112	
15	Enrollee: (Enrollee Name Suffix)	Enrollee Name Suffix	DE3113	
16	Enrollee: Birth Date	Enrollee Birth Date	DE3005	
17	Enrollee: Sex	Enrollee Sex Code	DE3007	
18	Enrollee: Race	Enrollee Race Code	DE3006	
19	Enrollee: Soc Sec Nbr	Person Identifier Value	DE3955	
20	Enrollee: Cancel Date	Eligibility Cancel Date	DE3452	
21	Enrollee: Aid Category	Enrollee Eligibility Aid Category	DE3009	
22	Enrollee: [Eligibility] Begin	Enrollee Eligibility Begin Date	DE3010	
23	Enrollee: [Eligibility] End	Enrollee Eligibility End Date	DE3011	
24	Enrollee: Prog	Benefit Definition Plan Program Code	DE3551	
25	Enrollee: Sub-Prog	Benefit Definition Plan Subprogram Code	DE3552	
26	Enrollee: Bene	Benefit Definition Plan Benefit Code	DE3553	
27	Enrollee: Exc	Benefit Plan Exception Indicator	DE3072	

28	Enrollee: [Benefit Plan] Begin	Benefit Definition Plan Begin (Effective) Date	DE3556	
29	Enrollee: [Benefit Plan] End	Benefit Definition Plan End (Termination) Date	DE3557	
30	Claim: Type	Claim Type	DE2002	
31	Claim: COS	Claim Category of Service	DE2038	
32	Claim: Service Dates [From]	Claim Service From Date	DE2010	
33	Claim: Service Dates [Thru]	Claim Service Thru Date	DE2011	
34	Claim: Paid Date	Remittance Payment Date	DE9578	
35	Claim: Allow Amt	Claim Allowed Amount	DE2073	
36	Claim: Paid (Amount)	Claim Payment Amount	DE2023	
37	Claim: TPL (Amount)	Claim Third Party Payment	DE2018	
38	Claim: Pt Pay	Claim Patient Pay Amount	DE2083	
39	Claim: Copay Amt	Claim Medicaid Co-Payment	DE2022	
40	Claim: ICN	Claim Request ICN	DE2001	
41	Claim: COB	Claim COB Indicator	DE2544	
42	Claim: LOC	Claim Professional Place of Service	DE2173	
43	Claim: Preauth Num	Prior Authorization Control Number	DE2024	
44	Claim: [Procedure] Code	Procedure Code	DE5002	
45	Claim: [Procedure] Desc	Procedure Short Name	DE5015	
46	Claim: [Procedure] Mod	Claims Procedure Code Modifier	DE2171	
47	Claim: [Procedure] Amount	Claim Billed Charge	DE2016	
48	Claim: [Procedure] Units	Claim Number of Units/Visits/Studies	DE2009	
49	Claim: [Revenue] Code	Claim Revenue Code	DE2122	
50	Claim: [Revenue] Amount	Claim Revenue Amount	DE2124	

51	Claim: [Revenue] Units	Claim Revenue Units	DE2123	
52	Claim: [Revenue] LTC Rate	Calculated	DE0002	The LTC Rate is the calculation of Claim Revenue Amount divided by the Claim Revenue Units.
53	Claim: [NDC] Code	Drug Code (NDC)	DE5200	
54	Claim: [NDC] Desc	Drug Brand Name	DE5208	
55	Claim: [NDC] Units	Drug Unit of Use Code	DE5193	
56	Claim: [NDC] Brnd	Claim Dispensed as Written Indicator	DE2418	
57	Claim: [NDC] Amount	Claim Billed Charge	DE2016	
58	Claim: [NDC] Pre-scr	Claim Pharmacy Prescription Number	DE2211	
59	Claim: [NDC] Refill	Claim Pharmacy Refill Code	DE2212	
60	Claim: [NDC] Disp (Status)	Claim Pharmacy Dispensing Status	DE2235	
61	Claim: [NDC] Assoc. RX	Associated RX Number	DE2025	
62	Claim: [NDC] Assoc. Date (of Service)	Associated Date of Service	DE2026	
63	Claim: (Dental) Tooth	Claim Dental Tooth Code	DE2200	
64	Claim: (Dental) Sur	Claim Dental Surface Codes	DE2201	
65	Claim: EOBCode	Error Text Error Code	DE5501	
66	Claim: (EOB Description)	Error Text Short Description	DE5513	
67	Claim: Diag	Diagnosis Code	DE5301	
68	Claim: (Diag Description]	Diagnosis Name	DE5302	
69	Claim: DRG	DRG (Diagnosis Related Group) Code	DE5353	
70	Claim: (DRG Description]	DRG Description	DE5356	
71	Claim: Emer	Claim Emergency Identifier	DE2802	

72	Total Payment This Enrollee	Calculated	DE0002	Total claim payment amount DE 2023 of all claims paid to the provider for the enrollee.
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Output Reports CA-O-028 Provider Sample Paid Procedures per Provider

General Information

This report contains the procedure/NDC counts in the universe and sample, per provider. Provider sampling supports both fee-for-service and encounter claims. Encounter data is included in this report if it matches the conditions specified for the sample stratum.

Subsystem:	SURS
Frequency:	Daily
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS
Program:	Provider Paid Procedures (per Provider) Report (CAM450)
Confidential:	No
Sequence:	Procedure/NDC Code
Control Breaks:	Provider Audit Number

Provider Sample Paid Procedures (per Provider) (CA-O-028)

PROVIDER ID:1234567890 PROVIDER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX TYPE: XXX SITE: 99

[illegible]

TOTALS	UNIVERSE	SAMPLE
CLAIMS	99,999,999 ⁽¹⁶⁾	99,999,999 ⁽¹⁷⁾
UNITS	99,999,999 ⁽¹⁸⁾	99,999,999 ⁽¹⁹⁾
DOLLARS PAID	99,999,999 ⁽²⁰⁾	99,999,999 ⁽²¹⁾
RECIPIENTS	99,999,999 ⁽²²⁾	99,999,999 ⁽²³⁾

* * * * * END OF REPORT * * * * *

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Service From	Sample From Selection Date	DE7360	
2	Service Through	Sample To Selection Date	DE7361	
3	Audit	Audit Number	DE7399	
4	Provider ID	National Provider Identifier	DE4700	
5	Provider Name	Provider Name	DE4085	
6	Provider Type	Provider Type	DE4006	
7	Site	NPI XREF Site Number	DE4143	
10	Procedure/NDC	Procedure Code	DE5002	

	Code			
11	Description	Calculated	DE0002	If form type is drug then the description is the DRUG BRAND NAME (DE 5208) else the description is the PROCEDURE SHORT NAME (DE 5015).
12	Universe - Claims	Calculated	DE0002	Number of claims in the Universe for the procedure/NDC.
13	Universe - Units	Calculated	DE0002	Number of units DE 2009 in the Universe for the procedure/NDC.
14	Sample - Claims	Calculated	DE0002	Number of claims in the Sample for the procedure/NDC.
15	Sample - Units	Calculated	DE0002	Number of units DE 2009 in the Sample for the procedure/NDC.
16	Totals: Claims - Universe	Calculated	DE0002	Count of claims in the universe for this provider.
17	Totals: Claims - Sample	Calculated	DE0002	Count of claims in the sample for this provider.
18	Totals: Units - Universe	Calculated	DE0002	Sum of units for all claims in the universe for this provider.
19	Totals: Units - Sample	Calculated	DE0002	Sum of total units for all claims in the universe for this provider.
20	Totals: Dollars Paid - Universe	Calculated	DE0002	Sum of total dollar amount paid on all claims in universe for this provider.
21	Totals: Dollars Paid - Sample	Calculated	DE0002	Sum of total dollar amount paid on all claims in sample for this provider.
22	Totals: Recipients - Universe	Calculated	DE0002	Count of unique recipients for all claims in universe for this provider. Source = CAF30-UNIV-ENROLLEES
23	Totals: Recipients - Sample	Calculated	DE0002	Count of unique recipients for all claims in sample for this provider. Source = CAF30-SAMP-ENROLLEES

Output Reports CA-O-029 Provider Sample Enrollee Summary Sheet Pharmacy Claims

General Information

This report lists the NDC codes, units, and date of services per enrollee. Provider sampling supports both fee-for-service and encounter claims. Encounter data is included in this report if it matches the conditions specified for the sample stratum.

Subsystem:	SURS
Frequency:	Daily
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS
Program:	Provider Audit Enrollee Summary (Pharmacy Claims) Report (CAM460)
Confidential:	No
Sequence:	Service Date Procedure/NDC Code
Control Breaks:	Enrollee Number Provider Audit Number

Provider Sample Enrollee Summary Sheet (Pharmacy Claims) (CA-O-029)

PAGE C.

* * * * * END OF REPORT * * * * *

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Service From	Sample From Selection Date	DE7360	
2	Service Through	Sample To Selection Date	DE7361	
3	Audit	Audit Number	DE7399	
4	Enrollee Seq	Calculated	DE0002	Incremented from 1 by 1 for each sampled enrollee, after enrollee sample is sorted by Enrollee Last Name DE 3110, and Enrollee First Name De 3111 in CAM430.
5	Enrollee ID	Enrollee Permanent Identification Number	DE3093	

6	Enrollee Name [Last]	Enrollee Last Name	DE3110	
7	Enrollee Name [First]	Enrollee First Name	DE3111	
8	Enrollee Name [MI]	Enrollee Middle Initial	DE3112	
9	Enrollee Name [Suffix]	Enrollee Name Suffix	DE3113	
10	DOB	Enrollee Birth Date	DE3005	
11	SSN	Enrollee Social Security Number (SSN)	DE3034	
12	Prescr Number	National Provider Identifier	DE4700	
13	Dates of Service - Begin	Claim Service From Date	DE2010	
14	Dates of Service - End	Claim Service Thru Date	DE2011	
15	Refill [Indicator]	Claim Pharmacy Refill Code	DE2212	
16	Brand [Indicator]	Claim Dispensed as Written Indicator	DE2418	
17	NDC Code	Drug Code (NDC)	DE5200	
18	Units	Claims Pharmacy Metric/ Dec/Qty	DE2248	
19	Drug Name	Drug Brand Name	DE5208	

Output Reports CA-O-030 Provider Sample Enrollee Summary Sheet Non Pharmacy Claims

General Information

This report lists procedure codes, units, dates of service, and provider for non pharmacy claims, per enrollee. Provider sampling supports both fee-for-service and encounter claims. Encounter data is included in this report if it matches the conditions specified for the sample stratum.

Subsystem:	SURS
Frequency:	Daily
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS
Program:	Provider Audit Enrollee Summary (Non-Pharmacy Claims) (CAM470)
Confidential:	No
Sequence:	Service Date Procedure/NDC Code
Control Breaks:	Enrollee Number Provider Audit Number

Provider Sample Enrollee Summary Sheet (Non-Pharmacy Claims) (CA-O-030)

CAM470
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
ENROLLEE SUMMARY SHEET NON PHARMACY CLAIMS
SERVICE FROM MM/DD/CCYY THROUGH MM/DD/CCYY AUDIT 999999999999

ENROLLEE SEQ:999 ENROLLEE ID:999999999999 ENROLLEE NAME: XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX X XXX DOB: MM/DD/CCYY

---DATES OF SERVICE---		PROC	PROCEDURE				UNITS	PROCEDURE DESCRIPTION	LOC
BEGIN	END	CODE	MOD	MOD2	MOD3	MOD4			
(12)	(13)	(14)	(15)				(16)	(17)	(18)
MM/DD/CCYY	MM/DD/CCYY	XXXXX	XX	XX	XX	XX	99999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX
MM/DD/CCYY	MM/DD/CCYY	XXXXX	XX	XX	XX	XX	99999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX
MM/DD/CCYY	MM/DD/CCYY	XXXXX	XX	XX	XX	XX	99999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX
MM/DD/CCYY	MM/DD/CCYY	XXXXX	XX	XX	XX	XX	99999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX
MM/DD/CCYY	MM/DD/CCYY	XXXXX	XX	XX	XX	XX	99999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX
MM/DD/CCYY	MM/DD/CCYY	XXXXX	XX	XX	XX	XX	99999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX
MM/DD/CCYY	MM/DD/CCYY	XXXXX	XX	XX	XX	XX	99999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX
MM/DD/CCYY	MM/DD/CCYY	XXXXX	XX	XX	XX	XX	99999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX
MM/DD/CCYY	MM/DD/CCYY	XXXXX	XX	XX	XX	XX	99999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX
MM/DD/CCYY	MM/DD/CCYY	XXXXX	XX	XX	XX	XX	99999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX
MM/DD/CCYY	MM/DD/CCYY	XXXXX	XX	XX	XX	XX	99999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX
MM/DD/CCYY	MM/DD/CCYY	XXXXX	XX	XX	XX	XX	99999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX
MM/DD/CCYY	MM/DD/CCYY	XXXXX	XX	XX	XX	XX	99999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX
MM/DD/CCYY	MM/DD/CCYY	XXXXX	XX	XX	XX	XX	99999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX
MM/DD/CCYY	MM/DD/CCYY	XXXXX	XX	XX	XX	XX	99999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX
MM/DD/CCYY	MM/DD/CCYY	XXXXX	XX	XX	XX	XX	99999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX
MM/DD/CCYY	MM/DD/CCYY	XXXXX	XX	XX	XX	XX	99999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX

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Field Definitions				
#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Service From	Sample From Selection Date	DE7360	
2	Service Through	Sample To Selection Date	DE7361	
3	Audit	Audit Number	DE7399	
4	Enrollee Seq	Calculated	DE0002	Incremented from 1 by 1 for each sampled enrollee, after enrollee sample is sorted by Enrollee Last Name DE 3110, and Enrollee First Name De 3111.
5	Enrollee ID	Enrollee Permanent Identification Number	DE3093	
6	Enrollee Name [Last]	Enrollee Last Name	DE3110	
7	Enrollee Name	Enrollee First Name	DE3111	

	[First]			
8	Enrollee Name [MI]	Enrollee Middle Initial	DE3112	
9	Enrollee Name [Suffix]	Enrollee Name Suffix	DE3113	
10	DOB	Enrollee Birth Date	DE3005	
11	SSN	Enrollee Social Security Number (SSN)	DE3034	
12	Dates of Service - Begin	Claim Service From Date	DE2010	
13	Dates of Service - End	Claim Service Thru Date	DE2011	
14	Proc Code	Procedure Code	DE5002	
15	Procedure Mod	Claims Procedure Code Modifier	DE2171	
16	Units	Claim Number of Unit- s/Visits/Studies	DE2009	
17	Procedure Description	Procedure Short Name	DE5015	
18	LOC	Claim Professional Place of Service	DE2173	

Output Reports CA-O-031 Provider Sample Provider Medical Services Audit Universe Detail

General Information

This report lists procedure codes, units, dates of service, payments, and provider for each claim in the sample universe, per enrollee. Provider sampling supports both fee-for-service and encounter claims. Encounter data is included in this report if it matches the conditions specified for the sample stratum.

Subsystem:	SURS
Frequency:	Daily
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS
Program:	Provider Medical Services Audit Report (CAM480)
Confidential:	No
Sequence:	Provider Enrollee Service Date
Control Breaks:	Audit Number Enrollee Number

Provider Sample Provider Medical Services Audit Universe Detail (CA-O-031)

PAGE NUM

* * * * * END OF REPORT * * * * *

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Service From	Claim Service From Date	DE2010	
2	Service To	Claim Service Thru Date	DE2011	
3	Audit	Calculated	DE0002	Formatted as ccyyymmdd-999 Where ccyyymmdd = current date 999 = next review number DE 7398
4	Provider ID	National Provider Identifier	DE4700	
4.1	Type	Provider Type	DE4006	
4.2	Site	NPI XREF Site Number	DE4143	
5	Enrollee ID	Enrollee Identification Number	DE3001	

6	Service Date	Claim Service From Date	DE2010	
7.1	Service Code	Drug Code (NDC)	DE5200	
7.2	Service Code	Procedure Code	DE5002	
7.3	Service Code	Claim Revenue Code	DE2122	
8	Charges	Claim Billed Charge	DE2016	
9	Payment	Claim Payment Amount	DE2023	
10	UVS/Days	Claim Number of Units/Visits/Studies	DE2009	
11	Reference Number	Claim Request ICN	DE2001	
12	Clm Typ	Claim Type	DE2002	
13	Status	Claim Status	DE2039	
14	Disp	Claim Type Modifier	DE2003	
15	EOB Code	Error Text Error Code	DE5501	
16	COB Code	Claim COB Indicator	DE2544	
17	Primary Carrier	Claim Third Party Payment	DE2018	
18	Tot Claims per Enrollee	Calculated	DE0002	Number of claims for an enrollee within a provider.
19	Tot Charges per Enrollee	Calculated	DE0002	Total charges for an enrollee within a provider.
20	Tot Pay per Enrollee	Calculated	DE0002	Total payments for an enrollee within a provider.
21	Tot Claims per Provider	Calculated	DE0002	Number of claims for a provider.
22	Tot Charges per Provider	Calculated	DE0002	Total charges for a provider.
23	Tot Pay per Provider	Calculated	DE0002	Total payments for a provider.

Output Reports CA-O-045 Prior Auth Audit Strata Selection

General Information

This report lists the parameters that were used for the prior authorization sampling request(s), along with the universe size, computed seed, and interval for each stratum. Prior authorizations with a PA Status = 'J' and Auth By = 'SYSTEM' are not included in the PA sampling process. Prior authorizations are used only with fee-for-service claims. Encounter data does not apply to this report.

Subsystem:	SURS
Frequency:	Daily - Monday thru Friday
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS
Program:	Prior Authorization Strata Selection (CAM210)
Confidential:	No
Sequence:	Stratum Number
Control Breaks:	N/A

Prior Auth Audit Strata Selection (CA-O-045)

CAR045
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
PRIOR AUTHORIZATION AUDIT STRATA SELECTION

STRATUM 01	02	PA SERVICE TYPE 03	DATE RANGE 04	05	SAMPLE 06	PCT 07	UNIVERSE SIZE 08	SEED 09	
9	XXXXXXXXXXXX	XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX	MM/DD/CCYY-MM/DD/CCYY		999999	999	99,999,999,999	999,999	9
9	XXXXXXXXXXXX	XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX	MM/DD/CCYY-MM/DD/CCYY		999999	999	99,999,999,999	999,999	9
9	XXXXXXXXXXXX	XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX	MM/DD/CCYY-MM/DD/CCYY		999999	999	99,999,999,999	999,999	9
9	XXXXXXXXXXXX	XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX	MM/DD/CCYY-MM/DD/CCYY		999999	999	99,999,999,999	999,999	9
9	XXXXXXXXXXXX	XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX	MM/DD/CCYY-MM/DD/CCYY		999999	999	99,999,999,999	999,999	9
9	XXXXXXXXXXXX	XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX	MM/DD/CCYY-MM/DD/CCYY		999999	999	99,999,999,999	999,999	9
9	XXXXXXXXXXXX	XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX	MM/DD/CCYY-MM/DD/CCYY		999999	999	99,999,999,999	999,999	9
9	XXXXXXXXXXXX	XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX	MM/DD/CCYY-MM/DD/CCYY		999999	999	99,999,999,999	999,999	9
9	XXXXXXXXXXXX	XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX	MM/DD/CCYY-MM/DD/CCYY		999999	999	99,999,999,999	999,999	9

* * * * * END OF REPORT * * * * *

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Stratum	PA Sample Stratum Number	DE7400	
2	Stratum [Description]	PA Sample Stratum Description	DE7401	
3	PA Service Type	PA Service Type Code	DE2635	
4	Date Range [From]	Sample From Selection Date	DE7360	
5	Date Range [Thru]	Sample To Selection Date	DE7361	
6	Sample	Stratum Sample Size	DE7304	
7	PCT	Stratum Sample Percent	DE7406	
8	Universe Size	Calculated	DE0002	The number of prior authorization detail records selected which meet the

				sample selection criteria for the stratum. Calculated by program CAM210 and stored on the Prior Authorization Sample Parameters file (CA-F-047).
9	Seed	Calculated	DE0002	Calculated by program CAM210 and stored on the Prior Authorization Sample Parameters file (CA-F-047). The seed = the remainder (whole number, not decimal value) of the system clock and date value combined / interval. Example: Date value = 19991021 (ccyy mm dd) Time value = 08332388 (hh mm ss hh) Interval = 24 $1999102108332388 / 24 = 83295921180516$ remainder 4. Seed = 4 If the remainder = zero, then the seed = interval.
10	Interval	Calculated	DE0002	Calculated by program CAM210 and stored on the Prior Authorization Sample Parameters file (CA-F-047). The interval = the universe count divided by the requested sample size rounded down to the integer. Example: Universe of 620 / Requested Sample Size of 25 = 24.8, rounded down = interval of 24.

Output Reports CA-O-046 Prior Auth Audit per Stratum

General Information

This report lists the sampled prior authorizations, status, enrollee, and provider, per stratum. Prior authorizations with a PA Status = 'J' and Auth By = 'SYSTEM' are not included in the PA sampling process. Prior authorizations are used only with fee-for-service claims. Encounter data does not apply to this report.

Subsystem:	SURS
Frequency:	Daily - Monday thru Friday
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS
Program:	Prior Authorization Audit Reports (CAM490)
Confidential:	No
Sequence:	Prior Authorization Service Type Prior Authorization Number
Control Breaks:	Prior Authorization Sample Stratum

Prior Auth Audit per Stratum (CA-O-046)

8	Enrollee Name [MI]	Enrollee Middle Initial	DE3112	
9	Enrollee Name [Suffix]	Enrollee Name Suffix	DE3113	
10	Provider ID	National Provider Identifier	DE4700	
11	Provider Name	Provider Name	DE4085	
12	Prior Authorizations in Sample Population	Calculated	DE0002	The number of prior authorization detail records selected from the Prior Authorization Master Data Store which meet the sample selection criteria for the stratum. Population counts are calculated by program CAM210 and stored on the Prior Authorization Sample Parameters file (CA-F-047) as Universe Size.
13	Prior Authorizations Sampled	Calculated	DE0002	The number of prior authorization detail records sampled for the stratum. The counts for each stratum are accumulated by program CAM490 which produces this report. Refer to the program specifications for complete details.
14	Total Prior Authorizations in Sample Populations	Calculated	DE0002	The number of prior authorization detail records selected which meet the sample selection criteria for all stratum. The population counts for each stratum are calculated by program CAM210 and stored on the Prior Authorization Sample Parameters file (CA-F-047) as Universe Size. This field is a total of the Universe Size amounts for all strata.
15	Total Prior Authorizations Sampled	Calculated	DE0002	The number of prior authorization detail records sampled for all stratum. The counts for each stratum are accumulated by program CAM490 which produces this report. Refer to the program specifications for complete details about the calculation of the individual sample totals. This field is the total of all of the individual stratum counts..

Output Reports CA-O-047 Prior Auth Audit per PA Service Type

General Information

This report lists the total number of Prior Authorization Detail records selected by Stratum and PA Service Type. Prior authorizations with a PA Status = 'J' and Auth By = 'SYSTEM' are not included in the PA sampling process. Prior authorizations are used only with fee-for-service claims. Encounter data does not apply to this report.

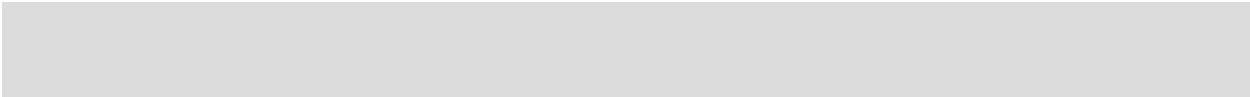
Subsystem:	SURS
Frequency:	Daily - Monday thru Friday
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS
Program:	Prior Authorization Audit Reports (CAM490)
Confidential:	No
Sequence:	Prior Authorization Sample Stratum Prior Authorization Service Type
Control Breaks:	N/A

Prior Auth Audit per PA Service Type (CA-O-047)

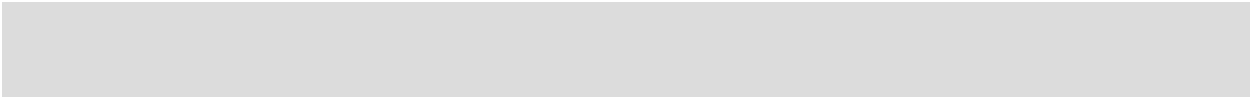
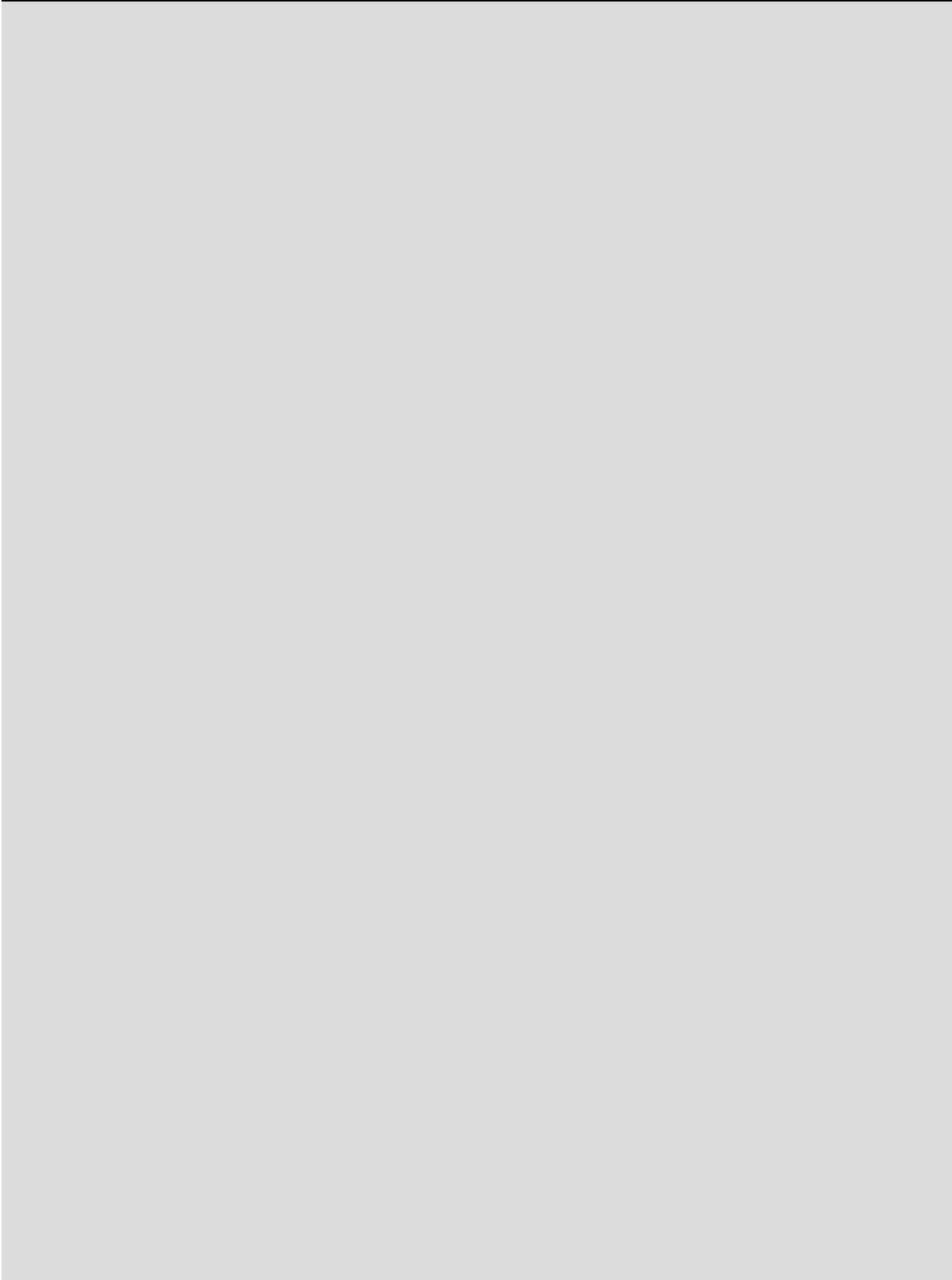
VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
PRIOR AUTHORIZATION AUDIT PER PA SERVICE TYPE

* * * * * END OF REPORT * * * * *

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Stratum	PA Sample Stratum Number	DE7400	
2	Stratum [Description]	PA Sample Stratum Description	DE7401	
3	PA Service Type	PA Service Type Code	DE2635	
4	Date Range [From]	Sample From Selection Date	DE7360	
5	Date Range [Thru]	Sample To Selection Date	DE7361	
6	Universe	Calculated	DE0002	Count of the total Prior Authorization Detail records by Stratum and PA Service Type which have meet the specified sample selection criteria. Refer to the program specifications for



				CAM500 for complete details.
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Output Reports CA-O-050 Tech Sample Audit Worksheet

General Information

This report lists the request claims with all adjustments and tech codes. Tech sampling supports both fee-for-service and encounter claims. Encounter data is included in this report if it matches the conditions specified for the sample.

Subsystem:	SURS
Frequency:	Daily
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS
Program:	Tech Sample Selection (CAM510)
Confidential:	No
Sequence:	Tech Code ICN (Claim Number)
Control Breaks:	N/A

Tech Sample Audit Worksheet (CA-O-050)

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
TECH AUDIT WORKSHEET
AUDIT NUMBER MM/DD/CCYY-001①

[illegible]

* * * * * END OF REPORT * * * * *

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Audit Number	Calculated	DE0002	Assign Audit Number using the format MMDDCCYY-SSS where: MMDDCCYY = the date of the actual report request SSS - an assigned sequence number identifying each request
2	Tech	User/Operator ID	DE0012	The Tech ID criteria value entered on screen SU-S-030 for this Tech Sample report.
3	Selection Parameters: Date Range [From]	Sample From Selection Date	DE7360	The Date Range criteria value entered on screen SU-S-030 for this Tech Sample report.
4	Selection Parameters: Date	Sample To Selection Date	DE7361	

	Range [To]			
5	Claim Status	Claim Status	DE2039	
6	Sample Size	Stratum Sample Size	DE7304	
7	Error Codes	Error Text Error Code	DE5501	
8.1	Claim ICN	Claims Payment Request Date Identifier	DE2477	
8.2	Claim ICN	Claims Payment Request Media Code	DE2478	
8.3	Claim ICN	Claims Payment Request Sequence	DE2480	
8.4	Claim ICN	Claim Payment Request Line Number	DE2343	
9	Claim Type	Claim Type	DE2002	
10	Mod	Claim Type Modifier	DE2003	
11	Date Entered	Claims Payment Request Date Identifier	DE2477	
12	Times Pended	Calculated	DE0002	Number of times the claim was pended.
13	Times Rejected	Calculated	DE0002	Number of times the claim was rejected.
14	Provider ID	National Provider Identifier	DE4700	
15	Adjust Reason	Adjustment/Void Reason	DE2033	
16	Claim Status	Claim Status	DE2039	
17	Error Date	Claim Status Begin Date	DE2383	
18	Disposition Date	Claim Status End Date	DE2384	
19	Disposition Tech	User/Operator ID	DE0012	
20	Esc code	Claim Error ESC Code	DE5506	A label identifying the Error/EOB codes within each claim.
21	Edit Code	Error Text Error Code	DE5501	
22	Edit Type	Edit Error Edit Type	DE5680	
23	Error Description	Error Text Short Description	DE5513	
24	Disposition Code	Error Text Disposition Attachments	DE5603	
25	Resolution Indicator	Claim Edit Override	DE2078	

Output Reports CA-O-055 Provider Cross Reference Claims Report

General Information

NOTE: This is an obsolete report. Comment added during 5010 project.

This report lists all claims that were selected in the request by enrollee number. Provider cross-reference reporting supports both fee-for-service and encounter claims. Encounter data is included in this report if it matches the conditions specified for the sample.

Subsystem:	SURS
Frequency:	Weekly - Produced Every Friday
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS
Program:	Provider Cross Reference Report (CAM530)
Confidential:	No
Sequence:	Enrollee Date of Service
Control Breaks:	Audit Number

Provider Cross-Reference Claims Report (CA-O-055)

REPORT NO: CA-0-055
PAGE NUMBER: 999,999

TOTAL DUPLICATE CLAIMS:99,999,999 ⁽³³⁾	CHARGES:99,999,999,999.99 ⁽³⁴⁾	ALLOWED: 99,999,999,999.99 ⁽³⁵⁾	PAID: 99,999,999,999.99
TOTAL NON DUPLICATE CLAIMS:99,999,999 ⁽³⁷⁾	CHARGES:99,999,999,999.99 ⁽³⁸⁾	ALLOWED: 99,999,999,999.99 ⁽³⁹⁾	PAID: 99,999,999,999.99
TOTAL CLAIMS:99,999,999 ⁽⁴¹⁾	CHARGES:99,999,999,999.99 ⁽⁴²⁾	ALLOWED: 99,999,999,999.99 ⁽⁴³⁾	PAID: 99,999,999,999.99

X X X X X END OF REPORT X X X X X

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Audit No	Audit Number	DE7399	Formatted as ccyyymmdd-999 Where ccyyymmdd = current date 999 = next review number DE 7398
2	Requestor	Provider Audit Requestor	DE7420	
3	Criteria: Dates of Service [From]	Sample From Selection Date	DE7360	
4	Criteria: Dates of Service [Thru]	Sample To Selection Date	DE7361	
5	Criteria: PRINT ALL	Provider Cross-Reference Print All Parameter	DE7423	
6	Criteria: DATE SELECTION	Provider Cross-Reference Date Selection Parameter	DE7424	

7	Criteria: PROCEDURE SELECTION	Provider Cross-Refer- ence Procedure Selection Parameter	DE7425	
8	Criteria: PROVIDER SELECTION	Provider Cross-Refer- ence Provider Selec- tion Parameter	DE7426	
9	INVOICES SELECTED (EXCLUDED)	Claim Type	DE2002	
10	PRIMARY PROVIDER ID	National Provider Identifier	DE4700	
11	SECONDARY PROVIDER ID	National Provider Identifier	DE4700	
12	Enrollee Number	Enrollee Permanent Identification Number	DE3093	
13	Date of Service [From]	Claim Service From Date	DE2010	
14	Date of Service [Thru]	Claim Service Thru Date	DE2011	
15.1	PROC	Procedure Code	DE5002	
15.2	NDC	Drug Code (NDC)	DE5200	
15.3	REV	Claim Revenue Code	DE2122	
16	Mod	Claims Procedure Code Modifier	DE2171	
17	Prescr Nbr	Claim Pharmacy Pre- scription Number	DE2211	
18	Days	Claim Pharmacy Days Supply	DE2216	
19	UVSP	Drug Unit of Use Code	DE5193	
20	DAW	Claim Dispensed as Written Indicator	DE2418	
21	Provider ID	National Provider Identifier	DE4700	
22	Charges	Claim Billed Charge	DE2016	
23	Allowed	Claim Allowed Amount	DE2073	
24	Paid	Claim Payment Amount	DE2023	
25	Reference	Claim Request ICN	DE2001	
26	Clm Typ	Claim Type	DE2002	

27	CIm Stat	Claim Status	DE2039	
28	Compound Drug	Claim Pharmacy Compound Indicator	DE2220	
29	Surface	Claim Dental Surface Codes	DE2201	
30	Tooth	Claim Dental Tooth Code	DE2200	
31	Passengers	Claim Number of Passengers	DE2085	
32	Wait Time	Anesthesia Minutes	DE2084	
33	Total Duplicate Claims	Calculated	DE0002	Number of claims with the same Procedure/NDC codes, date of service, and enrollee ID.
34	Total Duplicate Claims: Charges	Calculated	DE0002	Total charge amount DE 2016 for claims with the same Procedure/NDC codes, date of service, and enrollee ID.
35	Total Duplicate Claims: Allowed	Calculated	DE0002	Total allowed amount DE 2073 for claims with the same Procedure/NDC codes, date of service, and enrollee ID.
36	Total Duplicate Claims: Paid	Calculated	DE0002	Total paid amount DE 2023 for claims with the same Procedure/NDC codes, date of service, and enrollee ID.
37	Total Non-Duplicate Claims	Calculated	DE0002	Number of claims with different Procedure/NDC codes, date of service, and enrollee ID.
38	Total Non-Duplicate Claims: Charges	Calculated	DE0002	Total charge amount DE 2016 for claims with different Procedure/NDC codes, date of service, and enrollee ID.
39	Total Non-Duplicate Claims: Allowed	Calculated	DE0002	Total allowed amount DE 2073 for claims with different Procedure/NDC codes, date of service, and enrollee ID.
40	Total Non-Duplicate Claims: Paid	Calculated	DE0002	Total paid amount DE 2023 for claims with different Procedure/NDC codes, date of service, and enrollee ID.
41	Total Claims	Calculated	DE0002	Total number of claims selected.
42	Total Claims: Charges	Calculated	DE0002	Total charge amount DE 2016 for all selected claims.
43	Total Claims: Allowed	Calculated	DE0002	Total allowed amount DE 2073 for all selected claims.
44	Total Claims: Paid	Calculated	DE0002	Total paid amount DE 2023 for all selected claims.

Output Reports CA-O-056 Provider Cross Reference Audit Worksheet

General Information

NOTE: This is an obsolete report. Comment added during 5010 project.

This report contains the provider, enrollee, and claims information used to perform the provider audit. Provider cross-reference reporting supports both fee-for-service and encounter claims. Encounter data is included in this report if it matches the conditions specified for the sample.

Subsystem:	SURS
Frequency:	Weekly - Produced Every Friday
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	7 Years
Distribution:	DMAS
Program:	Provider Cross Reference Worksheet (CAM540)
Confidential:	No
Sequence:	Provider Enrollee Date of Service
Control Breaks:	N/A

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CAMS40
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY
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VIRGINIA DEPARTMENT OF ASSISTANCE SERVICES
PROVIDER CROSS REFERENCE AUDIT WORKSHEET

REPORT NO: CA-0-056
PAGE NUMBER: 999,999

AUDIT NO: CCMDD-99 SERVICES FROM: MM/DD/CCYY THRU: MM/DD/CCYY

SELECTION CRITERIA PRINT AL
CLAIMS MUST CONTAIN DIFFERENT PROCEDURES
CLAIMS CAN HAVE OVERLAPPING DATES
CLAIMS ARE COMPARED WITHIN THE SAME PROVIDER

PROVIDER ID: 1234567890 PROVIDER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX TYPE 999 SPECIALTY 999 SITE: XX

ENROLLEE SEQ: 999 ENROLLEE ID: 999999999999 ENROLLEE NAME: XXXXXXXXXXXXXXXXXX X XXX
BIRTH DATE: MM/DD/CCYY SEX: X RACE: X SOC SEC NBR: 999-99-9999 CANCEL DATE: MM/DD/CCYY

AID CATEGORY: XXX BEGIN: MM/DD/CCYY END: MM/DD/CCYY PROG/SUB-PROG/BENE/EXC: 99/99/9999/XX BEGIN: MM/DD/CCYY END: MM/DD/CCYY
XXX MM/DD/CCYY MM/DD/CCYY 99/99/9999/XX MM/DD/CCYY MM/DD/CCYY
XXX MM/DD/CCYY MM/DD/CCYY 99/99/9999/XX MM/DD/CCYY MM/DD/CCYY

CLAIM:
TYPE COS SERVICE DATES PAID DATE ALLOW AMT PAID TPL FT PAY COPAY ICN COB LOC PREAUTH M
XXXX XX MM/DD/CCYY-MM/DD/CCYY MM/DD/CCYY 99,999.99 99,999.99 99,999.99 99,999.99 99,999.99 XXXXXXXXXXXXXXXX XX XX XXXXXXXX

CODE DESC PROCEDURE MOD AMOUNT UNITS
XXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXX XX XX XX 9,999,999.99 99999

REVENUE
CODE AMOUNT UNITS LTC RATE
XXXX 999,999.00 99999 99,999.99

-----NDC-----
CODE DESC UNITS BRND AMOUNT PRESCR REFILL DISP ASSOC.RX ASSOC.DTE
XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXX 99999 X 9,999,999.99 XXXXXXX 99 X XXXXXXX MM/DD/CCYY

--DENTAL--
TOOTH SUR
X X X X

EORCODES:
XXXX:XXXXXXXXXXXXXXXXXXXX

DIAG:XXXXXXXXXXXXXXXXXXXXXXXXXXXX DRG:XX XX EMER:X

TOTAL AMOUNT ALLOWED: _____
TOTAL AMOUNT DISALLOWED: _____
TOTAL PAYMENT THIS ENROLLEE: 9,999,999.99
COMMENTS: UVS/CODE: _____
AMOUNT ALLOWED: _____
AMOUNT DISALLOWED: _____
ERROR REASON: _____

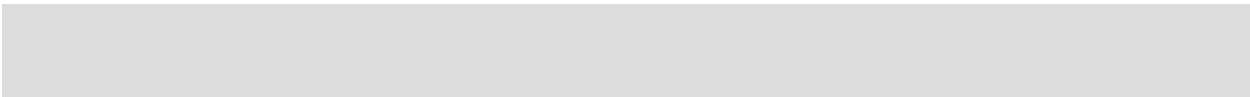
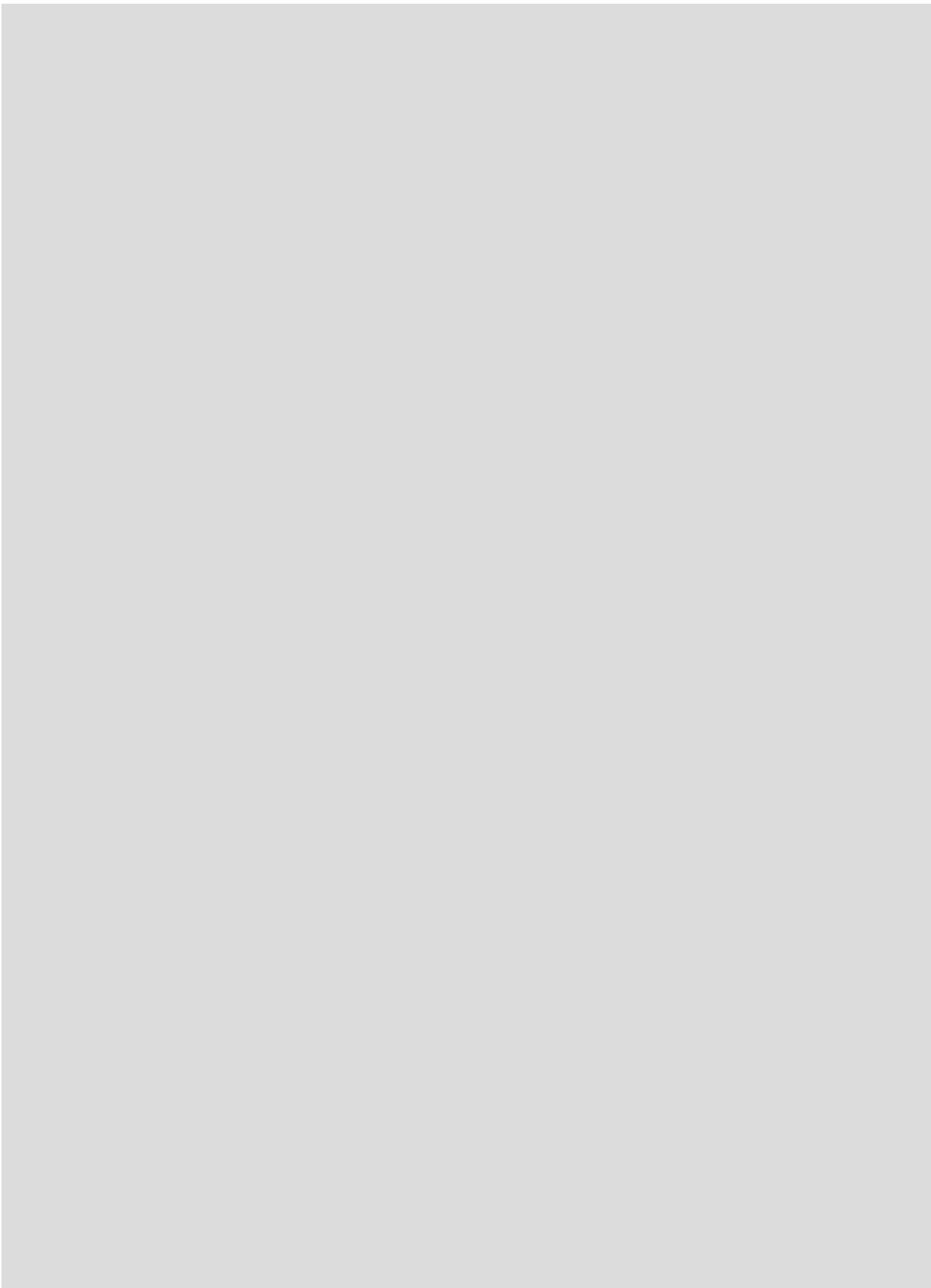
* * * * * END OF REPORT * * * * *

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Audit No	Audit Number	DE7399	Formatted as ccyyymmdd-999 Where ccyyymmdd = current date 999 = next review number DE 7398
2	Services From	Sample From Selection Date	DE7360	
3	(Services) Thru	Sample To Selection Date	DE7361	
4	Selection Criteria [PRINT ALL]	Provider Cross-Reference Print All Parameter	DE7423	
5	Selection Criteria [Claims Can Have Overlapping Date]	Provider Cross-Reference Date Selection Parameter	DE7424	
6	Selection Criteria	Provider Cross-Refer-	DE7425	

	[Claims Must Contain Different Procedures]	ence Procedure Selection Parameter		
7	Selection Criteria [Claims Are Compared Within the Same Provider]	Provider Cross-Reference Provider Selection Parameter	DE7426	
8	Provider ID	National Provider Identifier	DE4700	
9	Provider Name	Provider Name	DE4085	
10	(Provider) Type	Provider Type	DE4006	
11	(Provider) Specialty	Provider Specialty Code	DE4007	
12	Site	NPI XREF Site Number	DE4143	
13	Enrollee Seq	Calculated	DE0002	This number is assigned, starting from one, for each sampled enrollee, after all enrollees have been sorted in alphabetic sequence.
14	Enrollee ID	Enrollee Permanent Identification Number	DE3093	
15	Enrollee Name (Last)	Enrollee Last Name	DE3110	
16	Enrollee Name (First)	Enrollee First Name	DE3111	
17	Enrollee Name (MI)	Enrollee Middle Initial	DE3112	
18	Enrollee Name (Suffix)	Enrollee Name Suffix	DE3113	
19	Birth Date	Enrollee Birth Date	DE3005	
20	Sex	Enrollee Sex Code	DE3007	
21	Race	Enrollee Race Code	DE3006	
22	Soc Sec Nbr	Enrollee Social Security Number (SSN)	DE3034	
23	Cancel Date	Eligibility Cancel Date	DE3452	
24	(Eligibility) Aid Category	Enrollee Eligibility Aid Category	DE3009	
25	(Eligibility) Begin (Date)	Enrollee Eligibility Begin Date	DE3010	
26	(Eligibility) End (Date)	Enrollee Eligibility End Date	DE3011	
27	Prog	Benefit Definition Plan Program Code	DE3551	
28	Sub-prog	Benefit Definition Plan Subprogram Code	DE3552	

29	Bene	Benefit Definition Plan Benefit Code	DE3553	
30	Exc	Benefit Plan Exception Indicator	DE3072	
31	(Enrollee Benefit Plan) Begin	Benefit Definition Plan Begin (Effective) Date	DE3556	
32	(Enrollee Benefit Plan) End	Benefit Definition Plan End (Termination) Date	DE3557	
33	Claim: Type	Claim Type	DE2002	
34	Claim: COS	Claim Category of Service	DE2038	
35	Claim: Service Dates (From)	Claim Service From Date	DE2010	
36	Claim: Service Dates (Thru)	Claim Service Thru Date	DE2011	
37	Claim: Paid Date	Remittance Payment Date	DE9578	
38	Claim: Allow Amt	Claim Allowed Amount	DE2073	
39	Claim: Paid (Amt)	Claim Payment Amount	DE2023	
40	Claim: TPL (Amt)	Claim Third Party Payment	DE2018	
41	Claim: Pt Pay	Claim Patient Pay Amount	DE2083	
42	Claim: Copay (Amt)	Claim Medicaid Co-Payment	DE2022	
43	Claim: ICN	Claim Request ICN	DE2001	
44	Claim: COB	Claim COB Indicator	DE2544	
45	Claim: LOC	Claim Professional Place of Service	DE2173	
46	Claim: Preauth Num	Prior Authorization Control Number	DE2024	This number is a concatenation of DE 2499 and DE 2498.
47	Claim: Procedure Code	Procedure Code	DE5002	
48	Claim: Procedure Description	Procedure Short Name	DE5015	
49	Claim: [Procedure] Mod	Claims Procedure Code Modifier	DE2171	
50	Claim: Procedure Amount	Claim Billed Charge	DE2016	
51	Claim: Procedure Units	Claim Number of Units/Visits/Studies	DE2009	
52	Claim: Revenue	Claim Revenue Code	DE2122	

	Code			
53	Claim: Revenue Amount	Claim Revenue Amount	DE2124	
54	Claim: Revenue Units	Claim Revenue Units	DE2123	
55	Claim: Revenue LTC Rate	Calculated	DE0002	The LTC Rate is the claim revenue units divided by the claim revenue units.
56	Claim: NDC Code	Drug Code (NDC)	DE5200	
57	Claim: NDC Desc	Drug Brand Name	DE5208	
58	Claim: NDC Units	Drug Unit of Use Code	DE5193	
59	Claim: NDC Brnd	Claim Dispensed as Written Indicator	DE2418	
60	Claim: NDC Amount	Claim Billed Charge	DE2016	
61	Claim: NDC Prescr	Claim Pharmacy Prescription Number	DE2211	
62	Claim: NDC Refill	Claim Pharmacy Refill Code	DE2212	
63	Claim: NDC Disp	Claim Pharmacy Dispensing Status	DE2235	
64	Claim: NDC Assoc. RX	Associated RX Number	DE2025	
65	Claim: NDC Assoc. DTE	Associated Date of Service	DE2026	
66	Dental: Tooth	Claim Dental Tooth Code	DE2200	
67	Dental: Sur	Claim Dental Surface Codes	DE2201	
68	Claim: EOB Code	Error Text Error Code	DE5501	
69	Claim: (EOB Description)	Error Text Short Description	DE5513	
70	Claim: Diag	Diagnosis Code	DE5301	
71	Claim: (Diag Description)	Diagnosis Name	DE5302	
72	Claim: DRG	DRG (Diagnosis Related Group) Code	DE5353	
73	Claim: (DRG Description)	DRG Description	DE5356	Read from RF_DRG.
74	Claim: Emer	Claim Emergency Identifier	DE2802	
75	Total Payment this Enrollee	Calculated	DE0002	Total claim payment amount DE 2023 of all claims paid to the provider for the enrollee.



Output Reports SU-O-050 EOMB Summary of Recipient EOMBs

General Information

For each provider requested in a special EOMB run, the SU-O-050 report summarizes all EOMB activity for the sampled recipients. This report is produced only in 'on request' EOMB runs. For each sampled enrollee, the following information is reported: a) the number of claims and total dollars that the requested provider rendered to the enrollee b) the number of claims and total dollars rendered to the enrollee by all other (non-requested) providers. EOMB processing supports both fee-for-service and encounter claims. Encounter claims are included in this report if they meet the conditions specified for the sample.

Subsystem:	SURS
Frequency:	Monthly
Volume:	500 Pages
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS Post Payment Provider Review
Program:	Generate EOMBs (SUR480)
Confidential:	No
Sequence:	Provider ID Recipient Number
Control Breaks:	N/A

EOMB Summary of Recipient EOMBs (SU-O-050)

RE
P

EOMB Summary of Recipient EOMBs (SU-O-050)

R

*** END OF REPORT ***

#	Field Name	Data Element Name	Element ID	Source/Calculations
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1	REQUEST NUMBER	EOMB Run Request Number	DE7196	
2	REQUESTOR	EOMB Requestor Identification	DE7187	
3	AID CATEGORY	Enrollee Eligibility Aid Category	DE3009	
4	PROGRAM	Benefit Definition Plan Program Code	DE3551	
5	SUB-PROGRAM	Benefit Definition Plan Subprogram Code	DE3552	
6	BENEFIT CODE	Benefit Definition Plan Benefit Code	DE3553	
7	EXCEP CD	Benefit Plan Exception Indicator	DE3072	
8	FFS/MCARE	EOMB Fee for Service/Managed Care Indicator	DE7193	
9	Provider BASE ID	Provider Base Identification Number	DE4001	
10	Provider Name	Provider Name	DE4085	
11	Sample Percent	EOMB Percent	DE7186	
12	Enrollee ID	Enrollee Permanent Identification Number	DE3093	
13	Num of Claims Reported for this Provider	Calculated	DE0002	The total number of claims selected for the sampled enrollee where the rendering provider is the same as the provider specified by the user (field #9). Do not include claims which were excluded as non-selectable EOMB procedures.
14	Total Dollars for this Provider	Calculated	DE0002	The total dollars submitted on all claims selected for the sampled enrollee where the rendering provider is the same as the provider specified by the user (field #9). Do not include claims which were excluded as non-selectable EOMB procedures.
15	Num of Claims Reported for All Other Providers	Calculated	DE0002	The total number of claims selected for the sampled enrollee where the rendering provider is not the same as the provider specified by the user (field #9). Do not include claims which were excluded as non-selectable EOMB procedures.

16	Total Dollars All Other Providers	Calculated	DE0002	The total dollars submitted on all claims selected for the sampled enrollee where the rendering provider is not the same as the provider specified by the user (field #9). Do not include dollar amounts from claims which were excluded as non-selectable EOMB procedures.
17	Request Total	Calculated	DE0002	Sum of the amounts displayed in fields 17, 18, 19, and 20. These are the grand totals for all sampled enrollees in each of the categories shown on the report.
18	Number of Enrollees in this Request	Calculated	DE0002	The total enrollees that met the criteria for the special EOMB sample run (i.e., the number of enrollees in the sample universe).
19	Overall Number of Enrollees	EOMB Number Mailings	DE7190	The total number of enrollees that met the criteria for the special EOMB sample run (i.e., the number of enrollees in the sample).
20	Overall Number of Claims	Calculated	DE0002	The total number of claims for all enrollees selected for the sample, regardless of who the rendering provider is.

Output Reports SU-O-051 EOMB Resolution Tracking Report

General Information

This report displays EOMB resolution activity for all reviewers for the report month. Resolution status of returned recipient EOMBs is identified and added into one of eight resolution status categories for each reviewer. Percent is calculated by dividing the total count for each status category by the total count for all categories and multiplying by 100. A total for all reviewers is calculated by adding together all count totals. This report is produced monthly and includes both on request and production EOMB runs. EOMB processing supports both fee-for-service and encounter claims. Encounter claims are included in this report if it they meet the conditions specified for the sample.

Subsystem:	SURS
Frequency:	Monthly
Volume:	20 Pages
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS Post Payment Provider Review
Program:	Generate EOMB Resolution Tracking report (SUM490)
Confidential:	No
Sequence:	User ID
Control Breaks:	N/A

EOMB Resolution Tracking Report (SU-O-051)

SUM490
AS OF:MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DIVISION OF HEALTH CARE FINANCING AND POLICY
EOMB RESOLUTION TRACKING REPORT
MONTH OF MM/CCYY

REPORT
PAGE

USER ID: ¹ XXXXXXXX - ² XXXXXXXXXXXXXXXXXXXX		COUNT	PERCENT
		³ -----	⁴ -----
⁵ 01 - CLAIMS RESEARCHED, LETTER ISSUED TO ENROLLEE 02 - CLAIMS RESEARCHED, PHONE CONTACT WITH ENROLLEE VERIFIED SERVICES 03 - PHONE CONTACT IDENTIFIES CLAIMS STILL IN DISPUTE, FURTHER RESEARCH REQUIRED 04 - ADDITIONAL INFORMATION REVIEWED, ISSUES RESOLVED 05 - ADDITIONAL INFORMATION REVIEWED, CONTINUES UNRESOLVED 06 - REFERRED TO CORRESPONDENCE UNIT 07 - REFERRED TO FISCAL UNIT 08 - RETURNED EOMB - NOT CIRCLED		ZZZ,ZZZ,ZZ9	ZZ9
		ZZZ,ZZZ,ZZ9	ZZ9
		ZZZ,ZZZ,ZZ9	ZZ9
		ZZZ,ZZZ,ZZ9	ZZ9
		ZZZ,ZZZ,ZZ9	ZZ9
		ZZZ,ZZZ,ZZ9	ZZ9
		ZZZ,ZZZ,ZZ9	ZZ9
		ZZZ,ZZZ,ZZ9	ZZ9
TOTAL FOR USER		ZZZ,ZZZ,ZZ9	⁶ -----
USER ID: XXXXXXXX - XXXXXXXXXXXXXXXXXXXXXXX		COUNT	PERCENT
		-----	-----
01 - CLAIMS RESEARCHED, LETTER ISSUED TO ENROLLEE 02 - CLAIMS RESEARCHED, PHONE CONTACT WITH ENROLLEE VERIFIED SERVICES 03 - PHONE CONTACT IDENTIFIES CLAIMS STILL IN DISPUTE, FURTHER RESEARCH REQUIRED 04 - ADDITIONAL INFORMATION REVIEWED, ISSUES RESOLVED 05 - ADDITIONAL INFORMATION REVIEWED, CONTINUES UNRESOLVED 06 - REFERRED TO CORRESPONDENCE UNIT 07 - REFERRED TO FISCAL UNIT 08 - RETURNED EOMB - NOT CIRCLED		ZZZ,ZZZ,ZZ9	ZZ9
		ZZZ,ZZZ,ZZ9	ZZ9
		ZZZ,ZZZ,ZZ9	ZZ9
		ZZZ,ZZZ,ZZ9	ZZ9
		ZZZ,ZZZ,ZZ9	ZZ9
		ZZZ,ZZZ,ZZ9	ZZ9
		ZZZ,ZZZ,ZZ9	ZZ9
		ZZZ,ZZZ,ZZ9	ZZ9
TOTAL FOR USER		ZZZ,ZZZ,ZZ9	-----
OVERALL		COUNT	PERCENT
		⁷ -----	⁸ -----
01 - CLAIMS RESEARCHED, LETTER ISSUED TO ENROLLEE 02 - CLAIMS RESEARCHED, PHONE CONTACT WITH ENROLLEE VERIFIED SERVICES 03 - PHONE CONTACT IDENTIFIES CLAIMS STILL IN DISPUTE, FURTHER RESEARCH REQUIRED 04 - ADDITIONAL INFORMATION REVIEWED, ISSUES RESOLVED 05 - ADDITIONAL INFORMATION REVIEWED, CONTINUES UNRESOLVED 06 - REFERRED TO CORRESPONDENCE UNIT 07 - REFERRED TO FISCAL UNIT 08 - RETURNED EOMB - NOT CIRCLED		ZZZ,ZZZ,ZZ9	ZZ9
		ZZZ,ZZZ,ZZ9	ZZ9
		ZZZ,ZZZ,ZZ9	ZZ9
		ZZZ,ZZZ,ZZ9	ZZ9
		ZZZ,ZZZ,ZZ9	ZZ9
		ZZZ,ZZZ,ZZ9	ZZ9
		ZZZ,ZZZ,ZZ9	ZZ9
		ZZZ,ZZZ,ZZ9	ZZ9
TOTAL FOR ALL USERS		ZZZ,ZZZ,ZZ9	-----

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	User ID	Log Operator Identification	DE5706	
2	[User Name]		DE0000	
3	Count	Calculated	DE0002	Read the EOMB Tracking records on the EOMB Control File (EOMB-RECORD-TYPE = '1'). Count the number of records for each unique combination of Operator ID (DE#5706) and Resolution Status (DE#7182) where EOMB-DATE-RESOLVED (DE#7183) falls within the current reporting month. Use only the most recent occurrence of EOMB-STATUS-DATA.

4	Percent	Calculated	DE0002	Divide field #3 for this Resolution Status / User ID by field #6 for the User ID.
5	[Resolution Status]	EOMB Resolution Status	DE7182	
6	Total for user	Calculated	DE0002	Read the EOMB Tracking records on the EOMB Control File (EOMB-RECORD-TYPE = '1'). Count the total records for each Operator ID (DE#5706) where EOMB-DATE-RESOLVED (DE#7183) falls within the current reporting month. Use only the most recent occurrence of EOMB-STATUS-DATA.
7	Overall Count	Calculated	DE0002	Read the EOMB Tracking records on the EOMB Control File (EOMB-RECORD-TYPE = '1'). Count the total records for each Resolution Status (DE#7182) where EOMB-DATE-RESOLVED (DE#7183) falls within the current reporting month. Use only the most recent occurrence of EOMB-STATUS-DATA.
8	Overall Percent	Calculated	DE0002	Divide field #7 for this Resolution Status by field #9.
9	Overall Total for all Users	Calculated	DE0002	Read the EOMB Tracking records on the EOMB Control File (EOMB-RECORD-TYPE = '1'). Count the total records EOMB-DATE-RESOLVED (DE#7183) falls within the current reporting month. Use only the most recent occurrence of EOMB-STATUS-DATA.

Output Reports SU-O-052 EOMB Receipts Report

General Information

This report displays details of EOMB report mailings and Recipient EOMBs returned for the preceding six months. This report is produced monthly and includes both on request and production EOMB runs. EOMB processing supports both fee-for-service and encounter claims. Encounter claims are included in this report if they meet the conditions specified for the sample.

Subsystem:	SURs
Frequency:	Monthly
Volume:	15 Pages
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS Post Payment Provider Review
Program:	Generate EOMB Receipts Report (SUM500)
Confidential:	No
Sequence:	Year/Month
Control Breaks:	N/A

EOMB Receipts Report (SU-O-052)

SUM500
AS OF:MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DIVISION OF HEALTH CARE FINANCING AND POLICY
EOMB RECEIPTS REPORT

REPORT NO:
PAGE NUMBER

① ②
MM/CCYY

	COUNT	PERCENT
TOTAL MAILED OUT	ZZZ,ZZZ,ZZ9 ^③	ZZ9 ^④
TOTAL RECEIVED	ZZZ,ZZZ,ZZ9 ^⑤	ZZ9 ^⑥
TOTAL CLAIMS QUESTIONED	ZZZ,ZZZ,ZZ9 ^⑦	ZZ9 ^⑧
TOTAL BLANK RETURNS	ZZZ,ZZZ,ZZ9 ^⑨	ZZ9 ^⑩
TOTAL RETURNED WITH CORRESPONDENCE	ZZZ,ZZZ,ZZ9 ^⑪	ZZ9 ^⑫
TOTAL RETURNED WITH FUNDS	ZZZ,ZZZ,ZZ9 ^⑬	ZZ9 ^⑭
TOTAL REOPENED	ZZZ,ZZZ,ZZ9 ^⑮	ZZ9 ^⑯
TOTAL NOT RETURNED	ZZZ,ZZZ,ZZ9 ^⑰	ZZ9 ^⑱
MM/CCYY	COUNT	PERCENT
TOTAL MAILED OUT	ZZZ,ZZZ,ZZ9	ZZ9
TOTAL RECEIVED	ZZZ,ZZZ,ZZ9	ZZ9
TOTAL CLAIMS QUESTIONED	ZZZ,ZZZ,ZZ9	ZZ9
TOTAL BLANK RETURNS	ZZZ,ZZZ,ZZ9	ZZ9
TOTAL RETURNED WITH CORRESPONDENCE	ZZZ,ZZZ,ZZ9	ZZ9
TOTAL RETURNED WITH FUNDS	ZZZ,ZZZ,ZZ9	ZZ9
TOTAL REOPENED	ZZZ,ZZZ,ZZ9	ZZ9
TOTAL NOT RETURNED	ZZZ,ZZZ,ZZ9	ZZ9
MM/CCYY	COUNT	PERCENT
TOTAL MAILED OUT	ZZZ,ZZZ,ZZ9	ZZ9
TOTAL RECEIVED	ZZZ,ZZZ,ZZ9	ZZ9
TOTAL CLAIMS QUESTIONED	ZZZ,ZZZ,ZZ9	ZZ9
TOTAL BLANK RETURNS	ZZZ,ZZZ,ZZ9	ZZ9
TOTAL RETURNED WITH CORRESPONDENCE	ZZZ,ZZZ,ZZ9	ZZ9
TOTAL RETURNED WITH FUNDS	ZZZ,ZZZ,ZZ9	ZZ9
TOTAL REOPENED	ZZZ,ZZZ,ZZ9	ZZ9
TOTAL NOT RETURNED	ZZZ,ZZZ,ZZ9	ZZ9
OVERALL TOTALS	COUNT	PERCENT
TOTAL MAILED OUT	ZZZ,ZZZ,ZZ9	ZZ9
TOTAL RECEIVED	ZZZ,ZZZ,ZZ9	ZZ9
TOTAL CLAIMS QUESTIONED	ZZZ,ZZZ,ZZ9	ZZ9
TOTAL BLANK RETURNS	ZZZ,ZZZ,ZZ9	ZZ9
TOTAL RETURNED WITH CORRESPONDENCE	ZZZ,ZZZ,ZZ9	ZZ9
TOTAL RETURNED WITH FUNDS	ZZZ,ZZZ,ZZ9	ZZ9
TOTAL REOPENED	ZZZ,ZZZ,ZZ9	ZZ9
TOTAL NOT RETURNED	ZZZ,ZZZ,ZZ9	ZZ9

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	MM		DE0000	Numeric representation of the current report month.
2	CCYY		DE0000	Numeric representation of the current report century and year.
3	Total Mailed Out Count	Calculated	DE0002	Using the Production Statistics records in the EOMB Control File (EOMB-RECORD-TYPE = '6'), sum the total of all EOMB-CLAIMS-SELECTED fields for every record generated within the report date period (as indicated by the EOMB-REQUEST-NUMBER).
4	Total Mailed Out Percent	Calculated	DE0002	Constant value = 100%

5	Total Received Count	Calculated	DE0002	Using the EOMB Tracking records in the EOMB Control File (EOMB-RECORD-TYPE = '1'), count the total number of all EOMB Tracking records where the EOMB-PRODUCTION-DATE is within the report date period.
6	Total Received Percent	Calculated	DE0002	Field # 5 divided by field # 3.
7	Total Claims Questioned Count	Calculated	DE0002	Using the EOMB Tracking records in the EOMB Control File (EOMB-RECORD-TYPE = '1'), count the total number of EOMB Tracking records where the current occurrence of the EOMB-STATUS field = '1' and the EOMB-PRODUCTION-DATE is within the report date period.
8	Total Claims Questioned Percent	Calculated	DE0002	Field # 7 divided by field # 3.
9	Total Blank Returns Count	Calculated	DE0002	Using the EOMB Tracking records in the EOMB Control File (EOMB-RECORD-TYPE = '1'), count the total number of EOMB Tracking records where the current occurrence of the EOMB-STATUS field = '4' and the EOMB-PRODUCTION-DATE is within the report date period.
10	Total Blank Returns Percent	Calculated	DE0002	Field # 9 divided by field # 3.
11	Total Returned with Correspondence Count	Calculated	DE0002	Using the EOMB Tracking records in the EOMB Control File (EOMB-RECORD-TYPE = '1'), count the total number of EOMB Tracking records where the current occurrence of the EOMB-STATUS field = '2' and the EOMB-PRODUCTION-DATE is within the report date period.
12	Total Returned with Correspondence Percent	Calculated	DE0002	Field # 11 divided by field # 3.
13	Total Returned with Funds Count	Calculated	DE0002	Using the EOMB Tracking records in the EOMB Control File (EOMB-RECORD-TYPE = '1'), count the total number of EOMB Tracking records where the current occurrence of the

				EOMB-STATUS field = '3' and the EOMB-PRODUCTION-DATE is within the report date period.
14	Total Returned with Funds Percent	Calculated	DE0002	Field # 13 divided by field # 3.
15	Total Reopened Count	Calculated	DE0002	Using the EOMB Tracking records in the EOMB Control File (EOMB-RECORD-TYPE = '1'), count the total number of EOMB Tracking records where the current occurrence of the EOMB-STATUS field = '5' and the EOMB-PRODUCTION-DATE is within the report date period.
16	Total Reopened Percent	Calculated	DE0002	Field # 15 divided by field # 3.
17	Total Not Returned Count	Calculated	DE0002	Total Mailed Out Count minus Total Received Count.
18	Total Not Returned Percent	Calculated	DE0002	Field # 17 divided by field # 3.
19	Overall Totals	Calculated	DE0002	Calculate the totals in each category by adding together each six month period count total (odd fields 3-17). Re-calculate the overall percentages based on the Overall Counts.

Output Reports SU-O-053 Enrollee Letter and EOMBs

General Information

This is a formatted letter addressed to the head-of-household of the selected recipient. Listed on separate pages are extracted activity claims that make up the Recipient Explanation of Medical Benefits (EOMBs). Letters & EOMBs are produced in both the on request and the production EOMB runs. EOMB processing supports both fee-for-service and encounter claims. Encounter claims are included in this report if they meet the conditions specified for the sample.

Subsystem:	SURS
Frequency:	Monthly
Volume:	500 Letters
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	Mailed to Enrollee Head-of Household
Program:	Generate EOMBs (SUR480)
Confidential:	Yes
Sequence:	Date of Service Provider
Control Breaks:	Enrollee ID

Enrollee Letter and EOMBs (SU-O-053)

EOMB TRACKING NO: XXXXXXXXX

PAGE ZZZ,ZZ9

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

600 EAST BROAD STREET, SUITE 1300

RICHMOND, VA 23219

MM/DD/CCYY

XXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX XX 99999-9999

RE: XXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX

DEAR ENROLLEE:

THIS IS NOT A BILL. WE CHOOSE PEOPLE AT RANDOM TO REVIEW WHAT SERVICES ARE BEING REPORTED TO THE DEPARTMENT OF MEDICAL ASSISTANCE SERVICES. THIS HELPS US KEEP TRACK OF THE MEDICAL PROVIDERS AND WHAT SERVICES THEY PERFORM. YOU MAY GET LETTERS LIKE THIS FROM TIME TO TIME IN THE FUTURE. THIS DOES NOT AFFECT YOUR BENEFITS IN ANY WAY.

ATTACHED IS A LIST OF SERVICES THAT OUR RECORDS SHOW REPORTED AS OF MM/DD/CCYY. THE PROVIDER'S NAME, THE DATE OF SERVICE, AND WHAT WAS REPORTED ARE LISTED.

WE ASK THAT YOU LOOK AT THIS LIST AND SEE IF THE SERVICES WERE RECEIVED. IF THE PERSON NAMED ABOVE DID NOT RECEIVE THE SERVICE, CIRCLE THOSE AND RETURN THE LETTER IN THE ENCLOSED ENVELOPE. THIS LIST MIGHT NOT HAVE ALL THE SERVICES RECEIVED IN THAT MONTH. ALSO, REMEMBER THAT SOME SERVICES, LIKE X-RAY READINGS, MAY HAVE BEEN BILLED EVEN THOUGH THE PATIENT DID NOT PERSONALLY SEE THE PROVIDER.

IF YOU FEEL THAT THE INFORMATION IS CORRECT, EITHER KEEP THIS FORM FOR YOUR RECORDS OR THROW IT AWAY.

THANK YOU FOR TAKING TIME TO REVIEW THIS INFORMATION. IF YOU ARE RETURNING THIS FORM, PLEASE ENTER YOUR TELEPHONE NUMBER _____.

REQUEST NUMBER: XXXXXXXXXXXX

EOMB TRACKING NO: XXXXXXXX

REQUEST TYPE: X

CASE ID: XXXXXXXXXXXX

ENROLLEE ID: XXXXXXXXXXXX ENROLLEE NAME: XXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX

BENEFITS REPORTED

MM/DD/CCYY

(CLAIMS BELOW)

PROVIDER NAME
SERVICE DESC

DATES OF SERVICE
FROM TO

CLAIM NUMBER
AMOUNT PAID

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	XXXXXXXXXXXXXXXXXXXX ZZZ,ZZZ,ZZ9.99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	XXXXXXXXXXXXXXXXXXXX ZZZ,ZZZ,ZZ9.99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	XXXXXXXXXXXXXXXXXXXX ZZZ,ZZZ,ZZ9.99

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
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1	EOMB Tracking Number	EOMB Tracking Number	DE7180	
2	Page	Calculated	DE0002	
3	[Mail Date]	Calculated	DE0002	Date that the EOMB letter is produced, i.e., the report date.
4	[Head of Case - First NAME]	Enrollee First Name	DE3111	
5	[Head of Case - MI]	Enrollee Middle Initial	DE3112	
6	[Head of Case - LAST name]	Enrollee Last Name	DE3110	
7	[Head of Case - NAME SUFFIX]	Enrollee Name Suffix	DE3113	
8	[Head of Case - ADDRESS LINE 1]	Enrollee Additional Address Name	DE3114	
9	[Head of Case - ADDRESS LINE 2]	Enrollee Street Address	DE3115	
10	[Head of Case - CITY]	Enrollee City Name	DE3116	
11	[Head of Case - STATE]	Enrollee State Code	DE3117	
12	[Head of Case - ZIP CODE]	Enrollee ZIP Code	DE3118	
13	[Enrollee - first name]	Enrollee First Name	DE3111	
14	[enrollee - MI]	Enrollee Middle Initial	DE3112	
15	[enrollee - last name]	Enrollee Last Name	DE3110	
16	[enrollee - name suffix]	Enrollee Name Suffix	DE3113	
17	[Date]	Calculated	DE0002	The date that the report (letter) was produced.
18	Request Number	EOMB Run Request Number	DE7196	
19	EOMB Tracking NO	EOMB Tracking Number	DE7180	
20	Request Type	EOMB Run Type	DE7192	
21	Case ID	Case Identification Number	DE3043	
22	Enrollee ID	Enrollee Identification	DE3001	

		Number		
23	Enrollee Name [FIRST]	Enrollee First Name	DE3111	
24	Enrollee NAME [MI]	Enrollee Middle Initial	DE3112	
25	Enrollee Name [LAST]	Enrollee Last Name	DE3110	
26	ENROLLEE NAME [SUFFIX]	Enrollee Name Suffix	DE3113	
27	Provider Name	Provider Name	DE4085	
28	Dates of Service From	Claim Service From Date	DE2010	
29	Dates of Service To	Claim Service Thru Date	DE2011	
30	Claim Number [ICN]	Claim Request ICN	DE2001	
31.1	Service Desc	EOMB Service Descrip- tion	DE7048	
31.2	Service Desc	Procedure Short Name	DE5015	
32	Amount Paid	Claim Payment Amount	DE2023	

Output Reports SU-O-055 EOMB On line Audit Report

General Information

This report produces a daily online audit of transactions which add, delete or update SU-F-050, Returned EOMB Tracking File. SU-O-055 does not report claims or encounter data.

Subsystem:	SURS
Frequency:	Daily - Monday thru Friday
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS
Program:	Control file reporting (daily transaction log) (SUD410)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

EOMB On-line Audit Report (SU-O-055)

SUD410
AS OF mm/dd/ccyy
RUN DATE: mm/dd/ccyy hh:mm

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
EOMB ONLINE AUDIT REPORT

TRANSACTION ADDED:

[Image of record added]^①

TRANSACTION DELETED:

[Image of record deleted]^②

TRANSACTION CHANGED:

[Image of record before change]^③

[Image of record after change]^④

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Transaction Added (Image OF RECORD ADDED)		DE0000	Formatted display of added record. Uses the same detail format as report SU-O-056.
2	Transaction Deleted (Image OF RECORD DELETED)		DE0000	Formatted display of deleted record. Uses the same detail format as report SU-O-056.
3	Transaction Changed (Image OF RECORD BEFORE CHANGE)		DE0000	Formatted display of record before change. Uses the same detail format as report SU-O-056.
4	Transaction Changed (Image OF RECORD AFTER CHANGE)		DE0000	Formatted display of record after change. Uses the same detail format as report SU-O-056.

Output Reports SU-O-056 EOMB Control File Report

General Information

This report displays the contents of all records within each transaction type in the Returned EOMB Tracking File. SU-O-055 does not report claims or encounter data.

Subsystem:	SURS
Frequency:	Daily - Monday thru Friday
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS
Program:	Control file reporting (on request report) (SUR420)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

EOMB Control File Report (SU-O-056)

SUR420
AS OF mm/dd/ccyy
RUN DATE: mm/dd/ccyy hh:mm

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
EOMB CONTROL FILE REPORT

SU-0-056
PAGE NUMBER 999,9

(1) (2) (3) (4) (5)
RETURNED EOMB TRACKING TRACKING NUMBER: 99999999 ICN: XXXXXXXXXX DATE: mm/dd/ccyy TIME: hh:mm:ss OPERATOR ID: XXXXXX
DATE (6) (7) DATE REQUEST DATE OF SERVICE RUN PRODUCTION RESOL
(8) (9) (10) (11) (12) (13) (14) (15) (16) (17)
ENROLLEE ID CASE ID RECEIVED PROVIDER FROM THRU DOLLAR AMOUNT TYP RQSTR REQUEST NUMBER DATE STAT STAT
RSLV
(SU-S-051)
999999999999 XXXXXXXXXXXX mm/dd/ccyy 1234567890 mm/dd/ccyy mm/dd/ccyy 999,999,999.99 X XXXX XXXXXXXXXXXX mm/dd/ccyy
X mm/dd/ccyy
SERVICE DESCRIPTION: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
999999999999 XXXXXXXXXXXX mm/dd/ccyy 1234567890 mm/dd/ccyy mm/dd/ccyy 999,999,999.99 X XXXX XXXXXXXXXXXX mm/dd/ccyy
X mm/dd/ccyy
SERVICE DESCRIPTION: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
(21)
(SU-S-052) EOMB SAMPLING CRITERIA REQUEST NUMBER: XXXXXXXXXX DATE: mm/dd/ccyy TIME: hh:mm:ss OPERATOR ID: XXXXXX
(22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32)
AID CATG PROGRAM SUB PROGRAM BENEFIT CODE EXCP IND PROVIDER BASE ID PERCENT RUN TYPE PFS/MCARE REQUESTOR PRINT CNTL FILE
XXX XX-XX-XXXX-XX XX-XX-XXXX-XX XX-XX-XXXX-XX 999999999 XXX X X XXXXXX X
XXX XX-XX-XXXX-XX XX-XX-XXXX-XX XX-XX-XXXX-XX 999999999 XXX X X XXXXXX X
XXX XX-XX-XXXX-XX XX-XX-XXXX-XX XX-XX-XXXX-XX 999999999 XXX X X XXXXXX X
EOMB REQUESTOR ID TABLE REQUESTOR ID: XXXXXX DATE: mm/dd/ccyy TIME: hh:mm:ss OPERATOR ID: XXXXXX
REQUESTER NAME DELIVERY INSTRUCTIONS
(33) (34) (35) (36)
(SU-S-053) XXXXXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

EOMB Control File Report (SU-O-056)

SUR420
AS OF mm/dd/ccyy
RUN DATE: mm/dd/ccyy hh:mm

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
EOMB CONTROL FILE REPORT

SU-0-056
PAGE NUMBER 999,9

(37) (38)
EOMB SERVICE DESCRIPTION TABLE TABLE: 99 DESC: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX DATE: mm/dd/ccyy TIME: hh:mm:ss OPERATOR ID: XXXXXX
(39) (40)
CODE INDICATOR: X HCPC/NDC/ICD: XXXXXXXXXXX-XXXXXXX XXXXXXXXXXX-XXXXXXX XXXXXXXXXXX-XXXXXXX XXXXXXXXXXX-XXXXXXX
XXXXXXXXXXXX-XXXXXXXXXXXX XXXXXXXXXXX-XXXXXXX XXXXXXXXXXX-XXXXXXX XXXXXXXXXXX-XXXXXXX XXXXXXXXXXX-XXXXXXX
XXXXXXXXXXXX-XXXXXXXXXXXX XXXXXXXXXXX-XXXXXXX XXXXXXXXXXX-XXXXXXX XXXXXXXXXXX-XXXXXXX XXXXXXXXXXX-XXXXXXX
(41) (42)
CLAIM TYPE: XX XX XX XX XX XX XX XX XX CLAIM MOD: XX XX XX XX XX XX XX XX XX
(43) (44)
PROV TYPE: XXX XXX XXX XXX XXX XXX PROV SPEC: XXX XXX XXX XXX XXX
(45) (46)
EOMB NON-SELECTABLE PROCEDURES TABLE: 99 DESC: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX DATE: mm/dd/ccyy TIME: hh:mm:ss OPERATOR ID: XXXXXX
(47.1) (47.2) (48) (49) (50)
AGE RANGE: 999-999 SEX: X EXCP IND: XX CODE INDICATOR: X
(51) (52) (53)
HCPC/NDC/ICD REVENUE CODE DIAGNOSIS CODE PROCEDURE MODIFIER
XXXXXXXXXXXX-XXXXXXXXXXXX XXXX-XXXX XXXXXXX-XXXXXXX XX
XX
XX
(54) (55) (56) (57) (58) (59) (60) (61)
INVALID PROVIDER CLAIM TYPE CLAIM STATUS CLAIM MOD THERP CLASS PROVIDER TYPE PROVIDER SPECIALTY FIPS CODE
1234567890 X X XX XXX XXX XXX XXX
1234567890 XX X X XX XXX XXX XXX
1234567890 XX X X XX XXX XXX XXX
1234567890 XX X X XX XXX XXX XXX
EOMB PRODUCTION STATISTICS REQUEST NUMBER: XXXXXXXXXX DATE: mm/dd/ccyy TIME: hh:mm:ss OPERATOR ID: XXXXXX
(62) (63) (64) (65) (66) (67) (68)
PRODUCTION DATE RUN TYPE ENROLLEES SELECTED CLAIMS SELECTED TOTAL CLAIMS TOTAL ENROLLEES LAST USED EOMB
mm/dd/ccyy X 9,999,999 9,999,999 9,999,999 9,999,999 9,999,999
mm/dd/ccyy X 9,999,999 9,999,999 9,999,999 9,999,999 9,999,999
mm/dd/ccyy X 9,999,999 9,999,999 9,999,999 9,999,999 9,999,999

* * * END OF REPORT * * *

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	SU-S-051 - Tracking Number	EOMB Tracking Number	DE7180	
2	SU-S-051 - ICN	Claim Request ICN	DE2001	
3	SU-S-051 - Log Date	Log Date	DE5704	
4	SU-S-051 - Log Time	Log Time	DE5705	
5	SU-S-051 - Operator ID	Log Operator Identification	DE5706	
6	SU-S-051 - Enrollee ID	Enrollee Identification Number	DE3001	
7	SU-S-051 - Case ID	Case Identification Number	DE3043	
8	SU-S-051 - Date Received	EOMB Date Received	DE7191	
9	SU-S-051 - Request Provider ID	National Provider Identifier	DE4700	
10	SU-S-051- Date Service FROM	Claim Service From Date	DE2010	
11	SU-S-051 - Date Service THRU	Claim Service Thru Date	DE2011	
12	SU-S-051 - \$ Amount	Claim Payment Amount	DE2023	
13	SU-S-051 - Run Typ	EOMB Run Type	DE7192	
14	SU-S-051 - Requestor	EOMB Requestor Identification	DE7187	
15	SU-S-051 - Request Number	EOMB Run Request Number	DE7196	
16	SU-S-051 - Production Date	EOMB Production Date	DE7189	
17	SU-S-051 - Stat	EOMB Status	DE7181	
18	SU-S-051 - Resol Stat	EOMB Resolution Status	DE7182	
19	SU-S-051 - Date Resolved	EOMB Resolution Date	DE7183	

20.1	SU-S-051 - Serv Descrip	EOMB Service Descrip- tion	DE7048	
20.2	SU-S-051 - Serv Descrip	Procedure Short Name	DE5015	
21	SU-S-052 - Request Number	EOMB Run Request Number	DE7196	
22	SU-S-052 - AID CATEGORY	Enrollee Eligibility Aid Category	DE3009	
23	SU-S-052 - PROGRAM	Benefit Definition Plan Program Code	DE3551	
24	SU-S-052 - SUB- PROGRAM	Benefit Definition Plan Subprogram Code	DE3552	
25	SU-S-052 - BENEFIT CODE	Benefit Definition Plan Benefit Code	DE3553	
26	SU-S-052 - Excep- tion Indicator	Benefit Plan Exception Indicator	DE3072	
27	SU-S-052 - Pro- vider BASE ID	Provider Base Iden- tification Number	DE4001	
28	SU-S-052 - Per- cent	EOMB Percent	DE7186	
29	SU-S-052 - Run Type	EOMB Run Type	DE7192	
30	SU-S-052 - FFS/MCARE	EOMB Fee for Ser- vice/Managed Care Indicator	DE7193	
31	SU-S-052 - Requestor ID	EOMB Requestor Iden- tification	DE7187	
32	SU-S-052 - Print Control File Indic- ator	EOMB Control File Print Flag	DE7097	
33	SU-S-053 - Requestor First name	EOMB Requestor First Name	DE7208	
34	SU-S-053 - Requestor Last Name	EOMB Requestor Last Name	DE7206	
35	SU-S-053 - Requestor Middle Initial	EOMB Requestor Middle Initial	DE7209	
36	SU-S-053 - Deliv- ery Instructions	EOMB Delivery Instruc- tions	DE7460	
37	SU-S-054 - Table	EOMB Service Descrip- tion ID	DE7047	

38	SU-S-054 - Description	EOMB Service Description	DE7048	
39	SU-S-054 - Code Indicator		DE0000	
40	SU-S-054 - HCPC/NDC/ICD		DE0000	This field will be populated with one of the following codes: 1) HCFA Common Procedure Code 2) National Drug Code 3) International Classification of Diseases 4) "VS" + a value set code..
41	SU-S-054 - Claim Type	Claim Type	DE2002	
42	SU-S-054 - Claim Modifier	Claim Type Modifier	DE2003	
43	SU-S-054 - Prov Type	Provider Type	DE4006	
44	SU-S-054 - Prov Spec	Provider Specialty Code	DE4007	
45	SU-S-055 - Table	EOMB Non-Selectable Service ID	DE7156	
46	SU-S-055 - Description	EOMB Non-Selectable Service Description	DE7157	
47.1	SU-S-055 - Age From	EOMB Enrollee Age	DE7480	
47.2	SU-S-055 - Age To	EOMB Enrollee Age	DE7480	
48	SU-S-055 - Sex	Enrollee Sex Code	DE3007	
49	SU-S-055 - Exception Indicator	Benefit Plan Exception Indicator	DE3072	
50	SU-S-055 - Code Indicator		DE0000	
51	SU-S-055 - REVENUE-CODE	Claim Revenue Code	DE2122	
52	SU-S-055 - Diag Code	Diagnosis Code OR Value Set Primary Key	DE5301 OR DE5443	This field will be populated with either a diagnosis code range or a "VS" + a value set code.
53	SU-S-055 - Procedure Modifier	Claims Procedure Code Modifier	DE2171	
54	SU-S-055 - Invalid Provider	National Provider Identifier	DE4700	
55	SU-S-055 - Claim Type	Claim Type	DE2002	
56	SU-S-055 - Claim	Claim Status	DE2039	

	Status			
57	SU-S-055 - Claim Type Modifier	Claim Type Modifier	DE2003	
58	SU-S-055 - Therp Class	Drug Therapeutic Class Generic Code	DE5037	
59	SU-S-055 - Prov Type	Provider Type	DE4006	
60	SU-S-055 - Prov Spec	Provider Specialty Code	DE4007	
61	SU-S-055 - Fips Code	Enrollee FIPS Code	DE3008	
62	SU-S-056 - Pro-duction Date	EOMB Production Date	DE7189	
63	SU-S-056 - Run Type	EOMB Run Type	DE7192	
64	SU-S-056 - Enrollees Selected	Calculated	DE0002	Number of enrollees sampled in the EOMB run.
65	SU-S-056 - Claims Selected	Calculated	DE0002	Number of claims sampled in the EOMB run.
66	SU-S-056 - Total Claims	Calculated	DE0002	Number of claims in the universe for the EOMB run.
67	SU-S-056 - Total Enrollees	Calculated	DE0002	Number of enrollees in the universe for the EOMB run.
68	SU-S-056 - Last Used EOMB	Calculated	DE0002	Highest EOMB Tracking Number assigned in the EOMB run.

Output Reports SU-O-060 Coverage Plan by Selected Services Report

General Information

The Coverage Plan by Selected Services Report provides a statistical comparison of fourteen selected services covered by FFS and managed care plans. Report lines for Medicaid (No M/C), Medallion, and Any HMO should always print. Report lines for the individual HMOs will vary as HMOs are added and dropped. Any HMO is the aggregate of HMO A through HMO F. The Report Line for TOTAL will be computed by summarizing the totals from the report lines for Medicaid (No M/C), Medallion and Any HMO. If the totals from the individual HMOs are included also, the TOTAL line will contain duplicate counts. These ratios enable a reviewer to measure how the enrollee population utilizes the fourteen services being reported. By measuring the availability of these services, the reviewer is able to determine if FFS or managed care providers are under-utilizing these covered services. If there is under-utilization of these services by particular providers, a reviewer can readily identify the coverage plan(s). A measure of the utilization of these services is an indication of the quality of care that enrollees are receiving. This report includes both fee-for-service and encounter claims.

Subsystem:	SURS
Frequency:	Monthly
Volume:	1 Page
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS
Program:	Generate SU-O-060 report (SUM360)
Confidential:	Yes
Sequence:	Coverage Plan
Control Breaks:	None

Coverage Plan by Selected Services Report (SU-O-060)

SUM360
AS OF: mm/dd/ccyy
RUN DATE: mm/dd/ccyy hh:mm

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
COVERAGE PLAN BY SELECTED SERVICES

PLAN	PHYS/ NON- SURG. (ENCTR)	PHYS/ SURG. (ENCTR)	PHYS TOTAL (ENCTR)	INPAT HOSP (ADMIS)	INPAT HOSP (DAYS)	INPAT HOSP ALOS	OUTPAT HOSP (ENCTR)	LAB/RAD (ENCTR)	PHARMACY SCRIPTS	HOME HEALTH/ PER.CARE (ENCTR)	OUTPAT. MENTAL HEALTH (ENCTR)	DENTAL (ENCTR)
MEDICAID (NO M/C)	① 999.9	② 999.9	③ 999.9	④ 999.9	⑤ 999.9	⑥ 999.9	⑦ 999.9	⑧ 999.9	⑨ 999.9	⑩ 999.9	⑪ 999.9	⑫ 999.9
MEDALLION	999.9	999.9	999.9	999.9	999.9	999.9	999.9	999.9	999.9	999.9	999.9	999.9
HMO A	999.9	999.9	999.9	999.9	999.9	999.9	999.9	999.9	999.9	999.9	999.9	999.9
HMO B	999.9	999.9	999.9	999.9	999.9	999.9	999.9	999.9	999.9	999.9	999.9	999.9
HMO C	999.9	999.9	999.9	999.9	999.9	999.9	999.9	999.9	999.9	999.9	999.9	999.9
HMO D	999.9	999.9	999.9	999.9	999.9	999.9	999.9	999.9	999.9	999.9	999.9	999.9
HMO E	999.9	999.9	999.9	999.9	999.9	999.9	999.9	999.9	999.9	999.9	999.9	999.9
HMO F	999.9	999.9	999.9	999.9	999.9	999.9	999.9	999.9	999.9	999.9	999.9	999.9
ANY HMO	999.9	999.9	999.9	999.9	999.9	999.9	999.9	999.9	999.9	999.9	999.9	999.9
TOTAL	⑮ 999.9	⑯ 999.9	⑰ 999.9	⑱ 999.9	⑲ 999.9	⑳ 999.9	㉑ 999.9	㉒ 999.9	㉓ 999.9	㉔ 999.9	㉕ 999.9	㉖ 999.9

* * * END OF REPORT * * *

ALL MEMBERS/MONTH RATIOS HAVE BEEN MULTIPLIED BY 100.

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PHYS / NON-SURG. (ENCTR)	Calculated	DE0002	For any coverage plan, this field is the result of A / B * 100 where A is a count of the paid claims where an enrollee received non-surgical physician services and B is the total population of enrollees covered on the last day of the reporting month.
2	PHYS / SURG. (ENCTR)	Calculated	DE0002	For any coverage plan, this field is the result of A / B * 100 where A is a count of the paid claims where an enrollee received surgical physician services and B is the total population of enrollees covered on the last day of the reporting month.

3	PHYS TOTAL (ENCTR)	Calculated	DE0002	For any coverage plan, this field is the result of $A / B * 100$ where A is the sum of paid claims with non-surgical and surgical physician services and B is the total population of enrollees covered on the last day of the reporting month.
4	INPAT HOSP (ADMIS)	Calculated	DE0002	For any coverage plan, this field is the result of $A / B * 100$ where A is a count of the paid claims where an enrollee was admitted into the hospital and B is the total population of enrollees covered on the last day of the reporting month.
5	INPAT HOSP (DAYS)	Calculated	DE0002	For any coverage plan, this field is the sum of covered days from paid claims where an enrollee was admitted into the hospital and B is the total population of enrollees covered on the last day of the reporting month.
6	INPAT HOSP ALOS	Calculated	DE0002	For any coverage plan, this field is the result of $A / B * 100$ where A is the sum of covered days from paid claims where an enrollee was admitted into the hospital and B is the total population of enrollees covered on the last day of the reporting month.
7	OUTPAT HOSP (ENCTR)	Calculated	DE0002	For any coverage plan, this field is the result of $A / B * 100$ where A is a count of the paid claims where an enrollee received outpatient hospital services and B is the total population of enrollees covered on the last day of the reporting month.
8	LAB/RAD (ENCTR)	Calculated	DE0002	For any coverage plan, this field is the result of $A / B * 100$ where A is a count of the paid claims where an enrollee received laboratory and radiology services and B is the total population of enrollees covered on the last day of the reporting month.
9	PHARMACY SCRIPTS	Calculated	DE0002	For any coverage plan, this field is the result of $A / B * 100$ where A is a count of the scripts from paid claims and B is the total population of enrollees covered on the last day of the reporting month.

10	HOME HEALTH / PER. CARE (ENCTR)	Calculated	DE0002	For any coverage plan, this field is the result of $A / B * 100$ where A is a count of the paid claims where an enrollee received home health / personal care services and B is the total population of enrollees covered on the last day of the reporting month.
11	OUTPAT MENTAL HEALTH (ENCTR)	Calculated	DE0002	For any coverage plan, this field is the result of $A / B * 100$ where A is a count of the paid claims where an enrollee received outpatient mental health services and B is the total population of enrollees covered on the last day of the reporting month.
12	DENTAL (ENCTR)	Calculated	DE0002	For any coverage plan, this field is the result of $A / B * 100$ where A is a count of the paid dental claims and B is the total population of enrollees covered on the last day of the reporting month.
13	DME (ENCTR)	Calculated	DE0002	For any coverage plan, this field is the result of $A / B * 100$ where A is a count of the paid claims where an enrollee received Durable Medical Equipment (DME) services and B is the total population of enrollees covered on the last day of the reporting month.
14	TRANSP (ONE WAY TRIP)	Calculated	DE0002	For any coverage plan, this field is the result of $A / B * 100$ where A is a count of the one way trips from paid claims and B is the total population of enrollees covered on the last day of the reporting month.
15	TOTAL: PHYS/NON- SURG. (ENCTR)	Calculated	DE0002	This field is the result of $A / B * 100$ where A is the sum of paid claims with non-surgical physician services for Medicaid (No M/C), Medallion, and Any HMO coverage plans and B is the total population of enrollees covered by any coverage plan on the last day of the reporting month.
16	TOTAL: PHYS/SURG. (ENCTR)	Calculated	DE0002	This field is the result of $A / B * 100$ where A is the sum of paid claims with surgical physician services, regardless of the coverage plan, and B is the total population of enrollees covered by any

				coverage plan on the last day of the reporting month.
17	TOTAL: PHYS TOTAL (ENCTR)	Calculated	DE0002	This field is the result of $A / B * 100$ where A is the sum of paid claims with non-surgical and surgical physician services, regardless of the coverage plan, and B is the total population of enrollees covered by any coverage plan on the last day of the reporting month.
18	TOTAL: INPAT HOSP (ADMIS)	Calculated	DE0002	This field is the result of $A / B * 100$ where A is the sum of paid claims where an enrollee was admitted into the hospital, regardless of the coverage plan, and B is the total population of enrollees covered by any coverage plan on the last day of the reporting month.
19	TOTAL: INPAT HOSP (DAYS)	Calculated	DE0002	This field is the result of $A / B * 100$ where A is the sum of covered days from paid claims where an enrollee was admitted into the hospital, regardless of the coverage plan, and B is the total population of enrollees covered by any coverage plan on the last day of the reporting month.
20	TOTAL: INPAT HOSP (ALOS)	Calculated	DE0002	This field is the result of $A / B * 100$ where A is the sum of covered days from paid claims where an enrollee was admitted into the hospital, regardless of the coverage plan, and B is the total population of enrollees covered by any coverage plan on the last day of the reporting month.
21	TOTAL: OUTPAT HOSP (ENCTR)	Calculated	DE0002	This field is the result of $A / B * 100$ where A is the sum of paid claims where an enrollee received outpatient hospital services, regardless of the coverage plan, and B is the total population of enrollees covered by any coverage plan on the last day of the reporting month.
22	TOTAL: LAB/RAD (ENCTR)	Calculated	DE0002	This field is the result of $A / B * 100$ where A is the sum of paid claims where an enrollee received laboratory and radiology services, regardless of

				the coverage, and B is the total population of enrollees covered by any coverage plan on the last day of the reporting month.
23	TOTAL: PHARMACY SCRIPTS	Calculated	DE0002	This field is the result of $A / B * 100$ where A is the sum of the scripts from paid claims, regardless of the coverage plan, and B is the total population of enrollees covered by any coverage plan on the last day of the reporting month.
24	TOTAL: HOME HEALTH/PER. CARE (ENCTR)	Calculated	DE0002	This field is the result of $A / B * 100$ where A is the sum of the paid claims where an enrollee received home health / personal care services, regardless of the coverage plan, and B is the total population of enrollees covered by any coverage plan on the last day of the reporting month.
25	TOTAL: OUTPAT MENTAL HEALTH (ENCTR)	Calculated	DE0002	This field is the result of $A / B * 100$ where A is the sum of the paid claims where an enrollee received outpatient mental health services, regardless of the coverage plan, and B is the total population of enrollees covered by any coverage plan on the last day of the reporting month.
26	TOTAL: DENTAL (ENCTR)	Calculated	DE0002	This field is the result of $A / B * 100$ where A is the sum of paid dental claims, regardless of the coverage plan, and B is the total population of enrollees covered by any coverage plan on the last day of the reporting month.
27	TOTAL: DME (ENCTR)	Calculated	DE0002	This field is the result of $A / B * 100$ where A is the sum of the paid claims where an enrollee received Durable Medical Equipment (DME) services, regardless of the coverage plan, and B is the total population of enrollees covered by any coverage plan on the last day of the reporting month.
28	TOTAL: TRANSP (ONE WAY TRIP)	Calculated	DE0002	This field is the result of $A / B * 100$ where A is the sum of one way trips from all paid claims, regardless of the coverage plan, and B is the total pop-

				ulation of enrollees covered on the last day of the reporting month.
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Output Reports SU-O-061 Enrollment Distribution and Utilization of Selected Services Report

General Information

The Enrollment Distribution and Utilization of Selected Services by Coverage Plan Report provides a statistical breakdown of five selected services, grouped by program, gender and age. The age category is broken down into four subcategories. Report lines for Medicaid (No M/C), Medallion, and Any HMO should always print. Report lines for the individual HMOs will vary as HMOs are added and dropped. Any HMO is the aggregate of HMO A and HMO B. The Report Line for TOTAL will be computed by summarizing the totals from the report lines for Medicaid (No M/C), Medallion and Any HMO. If the totals from the individual HMOs are included also, the TOTAL line will contain duplicate counts. The reviewer is able to compare the distribution of the following selected services across the entire enrollee population: Hospital Admissions, Hospital Days per Member/Month, Hospital ALOS, Physician Visits and Pharmacy Prescriptions. He can readily identify under-utilization in a variety of ways by monitoring any program, gender or age group on a monthly basis. This report includes both fee-for-service and encounter claims.

Subsystem:	SURS
Frequency:	Monthly
Volume:	2 - 10 Pages
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS
Program:	Generate SU-O-061 report (SUM361)
Confidential:	Yes
Sequence:	Coverage Plan Sex Age
Control Breaks:	None

Enrollment Distribution and Utilization of Selected Services Report (SU-O-061)

SUM361

AS OF: mm/dd/ccyy

RUN DATE: mm/dd/ccyy hh:mm

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
ENROLLMENT DISTRIBUTION AND UTILIZATION OF SELECTED SERVICES BY COVERAGE PLAN

	HOSPITAL ADMISSIONS PER M/M	HOSPITAL DAYS PER M/M	HOSPITAL ALOS	PHYSICIAN VISITS PER M/M	PHARMACY PRESCRIPTIONS PER M/M
MEDICAID (NO M/C)					
FEMALES	①	②	③	④	⑤
0-14	999.99	999.99	999.99	999.99	999.99
15-44	999.99	999.99	999.99	999.99	999.99
45-64	999.99	999.99	999.99	999.99	999.99
65+	999.99	999.99	999.99	999.99	999.99
MALES					
0-14	999.99	999.99	999.99	999.99	999.99
15-44	999.99	999.99	999.99	999.99	999.99
45-64	999.99	999.99	999.99	999.99	999.99
65+	999.99	999.99	999.99	999.99	999.99
MEDALLION					
FEMALES					
0-14	999.99	999.99	999.99	999.99	999.99
15-44	999.99	999.99	999.99	999.99	999.99
45-64	999.99	999.99	999.99	999.99	999.99
65+	999.99	999.99	999.99	999.99	999.99
MALES					
0-14	999.99	999.99	999.99	999.99	999.99
15-44	999.99	999.99	999.99	999.99	999.99
45-64	999.99	999.99	999.99	999.99	999.99
65+	999.99	999.99	999.99	999.99	999.99
HMO A					
FEMALES					
0-14	999.99	999.99	999.99	999.99	999.99
15-44	999.99	999.99	999.99	999.99	999.99
45-64	999.99	999.99	999.99	999.99	999.99
65+	999.99	999.99	999.99	999.99	999.99
MALES					
0-14	999.99	999.99	999.99	999.99	999.99
15-44	999.99	999.99	999.99	999.99	999.99
45-64	999.99	999.99	999.99	999.99	999.99
65+	999.99	999.99	999.99	999.99	999.99

Enrollment Distribution and Utilization of Selected Services Report (SU-O-061)

SUM361 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: mm/dd/ccyy ENROLLMENT DISTRIBUTION AND UTILIZATION OF SELECTED SERVICES BY COVERAGE PLAN
RUN DATE: mm/dd/ccyy hh:mm

	HOSPITAL ADMISSIONS PER M/M	HOSPITAL DAYS PER M/M	HOSPITAL ALOS	PHYSICIAN VISITS PER M/M	PHARMACY PRESCRIPTIONS PER M/M
HMO B					
FEMALES					
0-14	999.99	999.99	999.99	999.99	999.99
15-44	999.99	999.99	999.99	999.99	999.99
45-64	999.99	999.99	999.99	999.99	999.99
65+	999.99	999.99	999.99	999.99	999.99
MALES					
0-14	999.99	999.99	999.99	999.99	999.99
15-44	999.99	999.99	999.99	999.99	999.99
45-64	999.99	999.99	999.99	999.99	999.99
65+	999.99	999.99	999.99	999.99	999.99
ANY HMO					
FEMALES					
0-14	999.99	999.99	999.99	999.99	999.99
15-44	999.99	999.99	999.99	999.99	999.99
45-64	999.99	999.99	999.99	999.99	999.99
65+	999.99	999.99	999.99	999.99	999.99
MALES					
0-14	999.99	999.99	999.99	999.99	999.99
15-44	999.99	999.99	999.99	999.99	999.99
45-64	999.99	999.99	999.99	999.99	999.99
65+	999.99	999.99	999.99	999.99	999.99
TOTAL					
FEMALES	⑥	⑦	⑧	⑨	⑩
0-14	999.99	999.99	999.99	999.99	999.99
15-44	999.99	999.99	999.99	999.99	999.99
45-64	999.99	999.99	999.99	999.99	999.99
65+	999.99	999.99	999.99	999.99	999.99
MALES					
0-14	999.99	999.99	999.99	999.99	999.99
15-44	999.99	999.99	999.99	999.99	999.99
45-64	999.99	999.99	999.99	999.99	999.99
65+	999.99	999.99	999.99	999.99	999.99

ALL MEMBERS/MONTH RATIOS HAVE BEEN MULTIPLIED BY 100.

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Hospital Admissions Per M/M	Calculated	DE0002	For any coverage plan, this field is the result of $A / B * 100$ where A is a count of the claims where an enrollee, which falls into this gender and age category, was admitted into the hospital and B is the total population of enrollees covered the last day of the reporting month.

2	Hospital Days Per M/M	Calculated	DE0002	For any coverage plan, this field is the result of $A / B * 100$ where A is the sum of covered days from paid claims where an enrollee, which falls into this gender and age category, was admitted into the hospital and B is the total population of enrollees covered the last day of the reporting month.
3	Hospital ALOS	Calculated	DE0002	For any coverage plan, this field is the result of $A / B * 100$ where A is the sum of covered days from paid claims for enrollees that fall into this gender and age category and B is the total population of enrollees covered the last day of the reporting month.
4	Physician Visits Per M/M	Calculated	DE0002	For any coverage plan, this field is the result of $A / B * 100$ where A is a count of the claims where an enrollee, which falls into this gender and age category, was seen by a physician and B is the total population of enrollees covered the last day of the reporting month.
5	Pharmacy Pre-scriptions Per M/M	Calculated	DE0002	For any coverage plan, this field is the result of $A / B * 100$ where A is a count of the prescriptions from paid Pharmacy Claims where an enrollee falls into this gender and age category and B is the total population of enrollees covered the last day of the reporting month.
6	Total: Hospital Admission Per M/M	Calculated	DE0002	This field is the result of $A / B * 100$ where A is a count of the claims for all coverage plans where an enrollee, which falls into this gender and age category, was admitted into the hospital and B is the total population of enrollees covered the last day of the reporting month.
7	Total: Hospital Days Per M/M	Calculated	DE0002	This field is the result of $A / B * 100$ where A is the sum of covered days from paid claims from all coverage plans where an enrollee, which falls into this gender and age category, was admitted into the hospital and B is the total population of enrollees covered the last day of the reporting month.

8	Total: Hospital ALOS	Calculated	DE0002	This field is the result of A / B where A is the sum of covered days from paid claims from all coverage plans where an enrollee falls into this gender and age category and B is the total population of enrollees covered the last day of the reporting month.
9	Total: Physician Visits Per M/M	Calculated	DE0002	This field is the result of $A / B * 100$ where A is a count of paid claims from all coverage plans where an enrollee, which falls into this gender and age category, was seen by a physician and B is the total population of enrollees covered the last day of the reporting month.
10	Total: Pharmacy Prescriptions Per M/M	Calculated	DE0002	This field is the result of $A / B * 100$ where A is a count of the prescriptions from paid Pharmacy Claims from all coverage plans where an enrollee falls into this gender and age category and B is the total population of enrollees covered the last day of the reporting month.

Output Reports SU-O-062 Emergency Room Utilization by Coverage Plan Report

General Information

The Emergency Room Utilization by Coverage Plan Report provides a statistical breakdown of emergency room visits grouped by coverage plan. Emergency room visits resulting in outpatient encounters or inpatient admissions are reported. Report lines for Medicaid (No M/C), Medallion, and Any HMO should always print. Report lines for the individual HMOs will vary as HMOs are added and dropped. Any HMO is the aggregate of HMO A through HMO F. The Report Line for TOTAL will be computed using the totals from the report lines for Medicaid (No M/C), Medallion and Any HMO. If the totals from the individual HMOs are included also, the TOTAL line will contain duplicate counts. With this report, a reviewer can determine which type of physician, a FFS versus a managed care, is more likely to admit an enrollee to the hospital or schedule a follow-up visit after an emergency room visit. The final line of this report is a total line that summarizes emergency room data and displays as a summary, the statistics that were reported by individual coverage plans.

Subsystem:	SURS
Frequency:	Monthly
Volume:	1 - 2 Pages
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS
Program:	Generate SU-O-062 report (SUM362)
Confidential:	Yes
Sequence:	Coverage Plan
Control Breaks:	None

Emergency Room Utilization by Coverage Plan Report (SU-O-062)

SUM362
AS OF: mm/dd/ccyy
RUN DATE: mm/dd/ccyy hh:mm

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
EMERGENCY ROOM UTILIZATION BY COVERAGE PLAN

	TOTAL ER VISITS	ER VISITS PER M/M	ER VISITS RESULTING IN OUTPATIENT ENCOUNTERS PER M/M	ER VISITS RESULTING IN INPATIENT ADM PER M/M
MEDICAID (NO M/C)	① 99999	② 999.99	③ 999.99	④ 999.99
MEDALLION	99999	999.99	999.99	999.99
HMO A	99999	999.99	999.99	999.99
HMO B	99999	999.99	999.99	999.99
HMO C	99999	999.99	999.99	999.99
HMO D	99999	999.99	999.99	999.99
HMO E	99999	999.99	999.99	999.99
HMO F	99999	999.99	999.99	999.99
ANY HMO	⑤ 99999	⑥ 999.99	⑦ 999.99	⑧ 999.99
TOTAL	999999	999.99	999.99	999.99

* * * END OF REPORT * * *

ALL MEMBERS/MONTH RATIOS HAVE BEEN MULTIPLIED BY 100.

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	TOTAL ER VISITS	Calculated	DE0002	For any coverage plan, this field is a count of the paid claims where an enrollee went to the emergency room.
2	ER VISITS PER M/M	Calculated	DE0002	For any coverage plan, this field is the result of A / B * 100 where A is the total from Field No. 1 and B is the total population of enrollees covered on the last day of the reporting month.
3	ER VISITS RESULTING IN OUTPATIENT ENCOUNTERS PER M/M	Calculated	DE0002	For any coverage plan, this field is the result of A / B * 100 where A is a count of the claims where an enrollee received outpatient services after an emergency room visit and B is the total population of enrollees covered on the last day of the reporting month.
4	ER VISITS RESULTING IN INPATIENT ADM	Calculated	DE0002	For any coverage plan, this field is the result of A / B * 100 where A is a count of the claims where an enrollee

	PER M/M			received inpatient services after an emergency room visit and B is the total population of enrollees covered on the last day of the reporting month.
5	TOTAL: TOTAL ER VISITS	Calculated	DE0002	This field is a count of the paid claims for all coverage plans where an enrollee went to the emergency room.
6	TOTAL: ER VISITS PER M/M	Calculated	DE0002	This field is the result of $A / B * 100$ where A is the total from Field No. 5 and B is the total population of enrollees covered on the last day of the reporting month by any coverage plan.
7	TOTAL: ER VISITS RESULTING IN OUTPATIENT ENCOUNTERS PER M/M	Calculated	DE0002	This field is the result of $A / B * 100$ where A is a count of paid claims for all coverage plans where an enrollee received outpatient services after an emergency room visit and B is the total population of enrollees covered on the last day of the reporting month by any coverage plan.
8	TOTAL: ER VISITS RESULTING IN INPATIENT ADM PER M/M	Calculated	DE0002	This field is the result of $A / B * 100$ where A is a count of paid claims for all coverage plans where an enrollee received inpatient services after an emergency room visit and B is the total population of enrollees covered on the last day of the reporting month for any coverage plan.

Output Reports SU-O-063 Pharmacy Services by Coverage Plan Report

General Information

The Pharmacy Services by Coverage Plan Report provides a statistical breakdown of pharmacy services rendered to the enrollee population. These statistics, expressed as tallies and averages, are categorized by coverage plan. Report lines for Medicaid (No M/C), Medallion, and Any HMO should always print. Report lines for the individual HMOs will vary as HMOs are added and dropped. Any HMO is the aggregate of HMO A through HMO F. The Report Line for TOTAL will be computed using the totals from the report lines for Medicaid (No M/C), Medallion and Any HMO. If the totals from the individual HMOs are included also, the TOTAL line will contain duplicate counts. The reviewer is able to evaluate the total number of prescriptions and refills that were dispensed among the enrollee population for the reporting month. The report also displays two averages: Average Number of Prescriptions for Total Enrollees, and Average Number of Prescriptions Per Enrollee (With Prescriptions). The final line of the report is a total line that summarizes prescriptions and refills and displays as a summary, the statistics that were reported by individual coverage plans.

Subsystem:	SURS
Frequency:	Monthly
Volume:	1 -2 Pages
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS
Program:	Generate SU-O-063 report (SUM363)
Confidential:	Yes
Sequence:	Coverage Plan
Control Breaks:	None

Pharmacy Services by Coverage Plan Report (SU-O-063)

SUM363
AS OF: mm/dd/ccyy
RUN DATE: mm/dd/ccyy hh:mm

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
PHARMACY SERVICES BY COVERAGE PLAN

	TOTAL NUMBER OF ENROLLEES	TOTAL PRESCRIPTIONS (INCLUDES REFILLS)	NO. OF ENROLLEES WITH PRESCRIPTIONS	AVERAGE NUMBER OF PRESCRIPTIONS FOR TOTAL ENROLLEES	AVER OF PRE PER
MEDICAID (NO M/C)	① 999999	② 999999	③ 999999	④ 999.99	⑤ PRESC 9
MEDALLION	999999	999999	999999	999.99	9
HMO A	999999	999999	999999	999.99	9
HMO B	999999	999999	999999	999.99	9
HMO C	999999	999999	999999	999.99	9
HMO D	999999	999999	999999	999.99	9
HMO E	999999	999999	999999	999.99	9
HMO F	999999	999999	999999	999.99	9
ANY HMO	⑥ 999999	⑦ 999999	⑧ 999999	⑨ 999.99	⑩ 9
TOTAL	9999999	9999999	9999999	999.99	9

* * * END OF REPORT * * *

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Total Number of Enrollees	Calculated	DE0002	For any coverage plan, this field is the total population of enrollees covered on the last day of the reporting month.
2	Total Prescriptions (Includes Refills)	Calculated	DE0002	For any coverage plan, this field is a count of the prescriptions and refills that were prescribed for all enrollees that were covered on the last day of the reporting month.
3	No. of Enrollees With Prescriptions	Calculated	DE0002	For any coverage plan, this field is a count of all enrollees that were covered on the last day of the reporting month and were given a prescription or refill.
4	Average Number of Prescriptions for Total Enrollees	Calculated	DE0002	For any coverage plan, this field is the result of A / B where A is the total from Field No. 2 and B is the total from Field No. 1.
5	Average Number Per Enrollee (With	Calculated	DE0002	For any coverage plan, this field is the result of A / B where A is the total from

	Prescriptions)			Field No. 2 and B is the total from Field No. 3.
6	Total: Total Number of Enrollees	Calculated	DE0002	This field is the total population of enrollees covered by any coverage plan on the last day of the reporting month.
7	Total: Total Prescriptions (Includes Refills)	Calculated	DE0002	This field is a count of the prescriptions and refills that were prescribed for all enrollees that were covered by any coverage plan on the last day of the reporting month.
8	Total: No. of Enrollees With Prescriptions	Calculated	DE0002	This field is a count of all enrollees that were covered by any coverage plan on the last day of the reporting month and were given a prescription or refill.
9	Total: Average Number of Prescriptions for Total Enrollees	Calculated	DE0002	This field is the result of A / B where A is the total from Field No. 7 and B is the total from Field No. 6.
10	Total: Average Number Per Enrollee (With Prescriptions)	Calculated	DE0002	This field is the result of A / B where A is the total from Field No. 7 and B is the total from Field No 8.

Output Reports SU-O-064 Maternity Care by Coverage Plan Report

General Information

The Maternity Care by Coverage Plan Report provides a statistical breakdown of live births, mothers giving birth, and hospital ALOS grouped by coverage plan and age. The age category is broken down into four subcategories. Report lines for Medicaid (No M/C), Medallion, and Any HMO should always print. Report lines for the individual HMOs will vary as HMOs are added and dropped. Any HMO is the aggregate of HMO A through HMO C. The Report Line for TOTAL will be computed using the totals from the report lines for Medicaid (No M/C), Medallion and Any HMO. If the totals from the individual HMOs are included also, the TOTAL line will contain duplicate counts. Using the statistics from the age category, the reviewer can determine which segment of the female population gives birth more frequently. This report includes both fee-for-service and encounter claims.

Subsystem:	SURS
Frequency:	Monthly
Volume:	2 - 10 Pages
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS
Program:	Generate SU-O-064 report (SUM364)
Confidential:	Yes
Sequence:	Coverage Plan Age
Control Breaks:	None

Maternity Care by Coverage Plan Report (SU-O-064)

SUM364
AS OF: mm/dd/ccyy
RUN DATE: mm/dd/ccyy hh:mm

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MATERNITY CARE BY COVERAGE PLAN

COVERAGE AND AGE OF MOTHER	LIVE BIRTHS	HOSPITAL DISCHARGES (MOTHER)	DISCHARGES PER MEMBER MONTHS, FEMALES IN AGE GROUP	DAYS PER MEMBER MONTHS, FEMALES IN AGE GROUP	AVERAGE LENGTH OF STAY
MEDICAID (NO M/C)					
10-14	① 999999	② 999999	③ 999.99	④ 999.99	⑤ 999.99
15-19	999999	999999	999.99	999.99	999.99
20-34	999999	999999	999.99	999.99	999.99
35 AND OLDER	999999	999999	999.99	999.99	999.99
TOTAL	⑥ 999999	⑦ 999999	⑧ 999.99	⑨ 999.99	⑩ 999.99
MEDALLION					
10-14	999999	999999	999.99	999.99	999.99
15-19	999999	999999	999.99	999.99	999.99
20-34	999999	999999	999.99	999.99	999.99
35 AND OLDER	999999	999999	999.99	999.99	999.99
TOTAL	999999	999999	999.99	999.99	999.99
HMO A					
10-14	999999	999999	999.99	999.99	999.99
15-19	999999	999999	999.99	999.99	999.99
20-34	999999	999999	999.99	999.99	999.99
35 AND OLDER	999999	999999	999.99	999.99	999.99
TOTAL	999999	999999	999.99	999.99	999.99
HMO B					
10-14	999999	999999	999.99	999.99	999.99
15-19	999999	999999	999.99	999.99	999.99
20-34	999999	999999	999.99	999.99	999.99
35 AND OLDER	999999	999999	999.99	999.99	999.99
TOTAL	999999	999999	999.99	999.99	999.99
HMO C					
10-14	999999	999999	999.99	999.99	999.99
15-19	999999	999999	999.99	999.99	999.99
20-34	999999	999999	999.99	999.99	999.99
35 AND OLDER	999999	999999	999.99	999.99	999.99
TOTAL	999999	999999	999.99	999.99	999.99

ALL MEMBERS/MONTH RATIOS HAVE BEEN MULTIPLIED BY 100.

Maternity Care by Coverage Plan Report (SU-O-064)

SUM364
AS OF: mm/dd/ccyy
RUN DATE: mm/dd/ccyy hh:mm

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES MATERNITY CARE BY COVERAGE PLAN

COVERAGE AND AGE OF MOTHER	LIVE BIRTHS	HOSPITAL DISCHARGES (MOTHER)	DISCHARGES PER MEMBER MONTHS, FEMALES IN AGE GROUP	DAYS PER MEMBER MONTHS, FEMALES IN AGE GROUP	AVERAGE LENGTH OF STAY
ANY HMO					
10-14	999999	999999	999.99	999.99	999.99
15-19	999999	999999	999.99	999.99	999.99
20-34	999999	999999	999.99	999.99	999.99
35 AND OLDER	999999	999999	999.99	999.99	999.99
TOTAL	999999	999999	999.99	999.99	999.99
TOTAL					
10-14 (11)	999999 (12)	999.99 (13)	999.99 (14)	999.99 (15)	
15-19	999999	999.99	999.99	999.99	
20-34	999999	999.99	999.99	999.99	
35 AND OLDER	999999	999.99	999.99	999.99	
TOTAL (16)	999999 (17)	999.99 (18)	999.99 (19)	999.99 (20)	

* * * END OF REPORT * * *

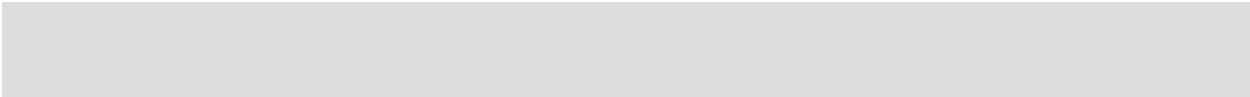
ALL MEMBERS/MONTH RATIOS HAVE BEEN MULTIPLIED BY 100.

Field Definitions

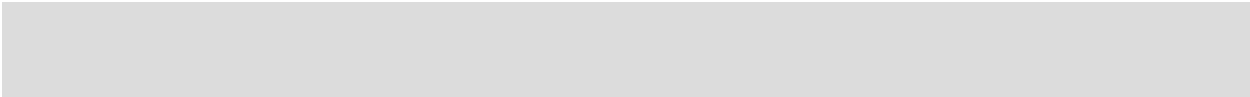
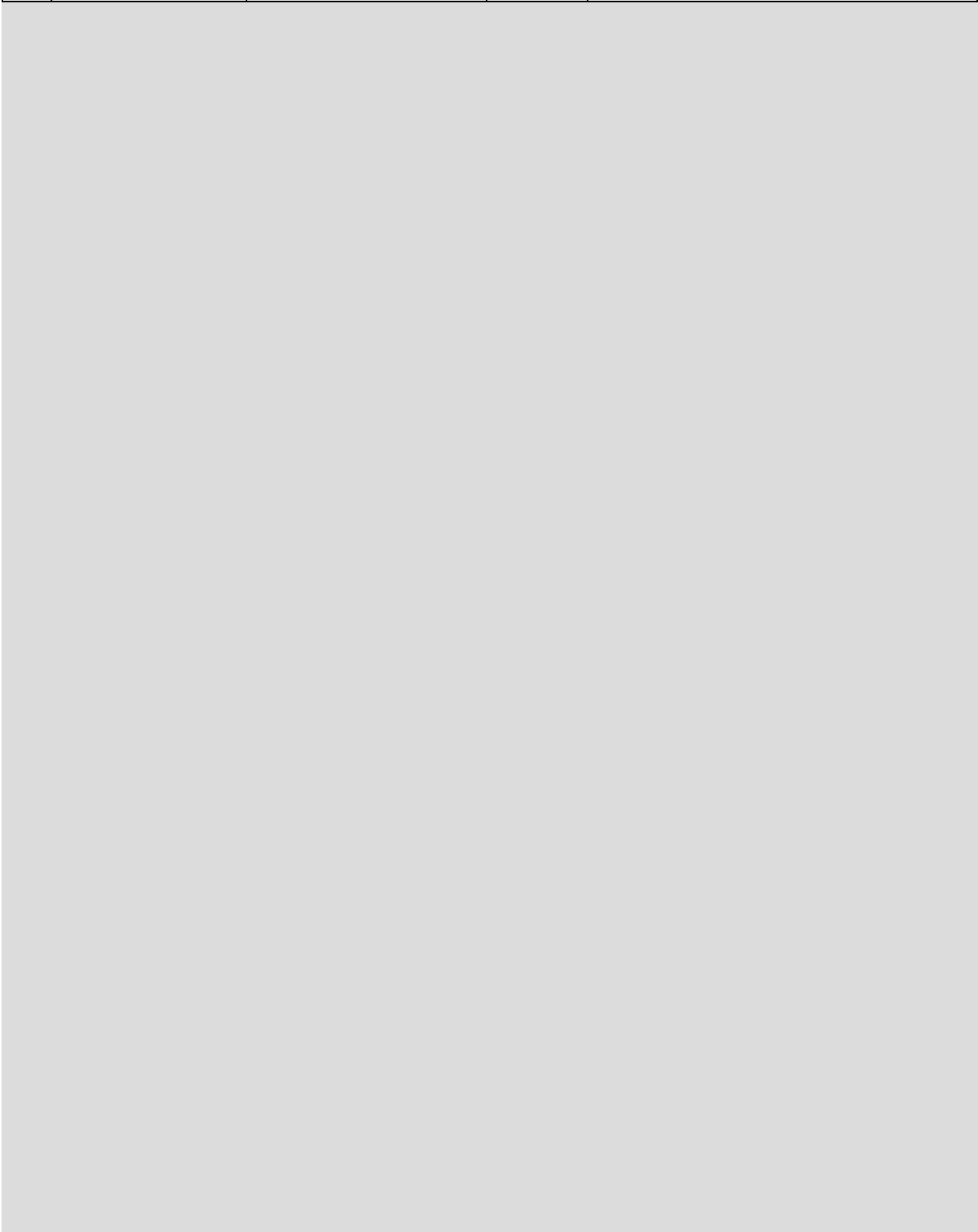
#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Live Births	Calculated	DE0002	For any coverage plan, this field is a count of live births that occurred during the reporting month to mothers that were covered on the last day of the reporting month, and falls into this age category.
2	Hospital Discharges (Mother)	Calculated	DE0002	For any coverage plan, this field is a count of the discharged mothers that were covered on the last day of the reporting month and falls into this age category.
3	Discharges Per Member Month, Females in Age Group	Calculated	DE0002	For any coverage plan, this field is the result of $A / B * 100$ where A is the total from Field No. 2 and B is the total population of females in this age group.
4	Days Per Member Month, Females in	Calculated	DE0002	For any coverage plan, this field is the

	Age Group			result of $A / B * 100$ where A is the total covered days that mothers which fall into this age category and gave live birth were hospitalized and B is the total population of females in this age group.
5	Average Length of Stay	Calculated	DE0002	For any coverage plan, this field is the result of A / B where A is the total covered and non-covered days that mothers which fall into this age category and gave live births were hospitalized and B is the total from Field No. 2.
6	Plan Total: Live Births	Calculated	DE0002	For any coverage plan, this field is the aggregate of live births.
7	Plan Total: Hospital Discharges (Mother)	Calculated	DE0002	For any coverage plan, this field is the aggregate of hospital discharges.
8	Plan Total: Discharges Per Member Month, Females in Age Group	Calculated	DE0002	For any coverage plan, this field is the result of $A / B * 100$ where A is the total from Field No. 7 and B is the total population of females in this age group.
9	Plan Total: Days Per Member Month, Females in Age Group	Calculated	DE0002	For any coverage plan, this field is the result of $A / B * 100$ where A is the total covered days that mothers giving live births were hospitalized, regardless of their age category, and B is total population of females in this age group.
10	Plan Total: Average Length of Stay	Calculated	DE0002	For any coverage plan, this field is the result of A / B where A is the total covered days that mothers giving live births were hospitalized, regardless of their age category, and B is the total from Field No. 7.
11	Subtotal: Live Births	Calculated	DE0002	This field is a count of live births that occurred during the reporting month to mothers that were covered on the last day of the reporting month and falls into this age category, regardless of the coverage plan.
12	Subtotal: Hospital Discharges (Mother)	Calculated	DE0002	This field is a count of the discharged mothers that were covered on the last day of the reporting month and falls into this age category, regardless of

				their coverage plan.
13	Subtotal: Discharges Per Member Month, Females in Age Group	Calculated	DE0002	This field is the result of $A / B * 100$ where A is the total from Field No. 12 and B is the total population of females in this age group.
14	Subtotal: Days Per Member Month, Females in Age Group	Calculated	DE0002	This field is the result of $A / B * 100$ where A is the total covered days that mothers which fall into this age category and gave live birth were hospitalized, regardless of their coverage plan, and B is the total population of females in this age group.
15	Subtotal: Average Length of Stay	Calculated	DE0002	This field is the result of A / B where A is the total covered days that mothers which fall into this age category and gave live birth were hospitalized, regardless of their coverage plan, and B is the total from Field No. 12.
16	Total: Live Births	Calculated	DE0002	This field is a count of live births that occurred during the reporting month to mothers that were covered by any coverage plan on the last day of the reporting month, regardless of their age category.
17	Total: Hospital Discharges (Mother)	Calculated	DE0002	This field is a count of the mothers that were covered by any plan on the last day of the reporting month, discharged during the reporting month, regardless of their age category.
18	Total: Discharges Per Member Month, Females in Age Group	Calculated	DE0002	This field is the result of $A / B * 100$ where A is a count of discharged mothers that were covered on the last day of the reporting month, regardless of their coverage plan and age category, and B is the total population of females in this age group.
19	Total: Days Per Member Month, Females in Age Group	Calculated	DE0002	This field is the result of $A / B * 100$ where A is the total covered days that mothers giving live birth were hospitalized, regardless of their coverage plan and age category, and B is total population of females in this age group.
20	Total: Average Length of Stay	Calculated	DE0002	This field is the result of A / B where A is the total covered days that mothers



				giving live births were hospitalized, regardless of their coverage plan and age category, and B is the total from Field No. 17.
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Output Reports SU-O-067 Members Enrolled by Coverage Plan Report

General Information

The Members Enrolled by Coverage Plan Report provides a statistical breakdown of the enrollee population grouped by coverage plan, gender, age and race. The age category is broken down into eight subcategories and each subcategory displays totals and percentages by race and gender. The subcategories of race being reported are white, black and other. Total fields exist for males and females along with percentages that represent their makeup of the total enrollee population. The final column of this report is a grand total column. This column summarizes totals for all coverage plans and re-computes percentages. Columns for individual HMOs will vary as HMOs are added and dropped. Any HMO is the aggregate of HMO A and HMO B. The column for Grand Total will be computed using the totals from the report lines for Medicaid (No M/C), Medallion and Any HMO. If the totals from the individual HMOs are included also, the TOTAL line will contain duplicate counts. With 160 computations for each coverage plan and an additional 160 computations summarizing them, the reviewer has unlimited usage and interpretation of this data. He can focus on any segment of the enrollee population for any age category, sex, race, coverage plan, or all coverage plans cumulatively. Using the computations from this report, the reviewer may use an Excel Spreadsheet or a similar PC package, to derive many other meaningful statistics. This report includes both fee-for-service and encounter claims.

Subsystem:	SURS
Frequency:	Monthly
Volume:	2 - 10 Pages
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS
Program:	Generate SU-O-067 report (SUM367)
Confidential:	Yes
Sequence:	Coverage Plan
Control Breaks:	None

Members Enrolled by Coverage Plan Report (SU-O-067)

SUM367

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

SU-0-067

AS OF: mm/dd/ccyy

MEMBERS ENROLLED BY COVERAGE PLAN

RUN DATE: mm/dd/ccyy hh:mm

AGE	MEDICAID, NO MANAGED CARE				MEDALLION				H		
	FEMALE	MALE	TOTAL	%, P	FEMALE	MALE	TOTAL	%, P	FEMALE	MALE	
<1	TOTAL	99999	99999	999999	999.99	99999	99999	999999	999.99	99999	99999
	WHITE	99999	99999	999999	999.99	99999	99999	999999	999.99	99999	99999
	BLACK	99999	99999	999999	999.99	99999	99999	999999	999.99	99999	99999
	OTHER	99999	99999	999999	999.99	99999	99999	999999	999.99	99999	99999
1-5	TOTAL	99999	99999	999999	999.99	99999	99999	999999	999.99	99999	99999
	WHITE	99999	99999	999999	999.99	99999	99999	999999	999.99	99999	99999
	BLACK	99999	99999	999999	999.99	99999	99999	999999	999.99	99999	99999
	OTHER	99999	99999	999999	999.99	99999	99999	999999	999.99	99999	99999
6-14	TOTAL	99999	99999	999999	999.99	99999	99999	999999	999.99	99999	99999
	WHITE	99999	99999	999999	999.99	99999	99999	999999	999.99	99999	99999
	BLACK	99999	99999	999999	999.99	99999	99999	999999	999.99	99999	99999
	OTHER	99999	99999	999999	999.99	99999	99999	999999	999.99	99999	99999
15-20	TOTAL	99999	99999	999999	999.99	99999	99999	999999	999.99	99999	99999
	WHITE	99999	99999	999999	999.99	99999	99999	999999	999.99	99999	99999
	BLACK	99999	99999	999999	999.99	99999	99999	999999	999.99	99999	99999
	OTHER	99999	99999	999999	999.99	99999	99999	999999	999.99	99999	99999
21-44	TOTAL	99999	99999	999999	999.99	99999	99999	999999	999.99	99999	99999
	WHITE	99999	99999	999999	999.99	99999	99999	999999	999.99	99999	99999
	BLACK	99999	99999	999999	999.99	99999	99999	999999	999.99	99999	99999
	OTHER	99999	99999	999999	999.99	99999	99999	999999	999.99	99999	99999
45-64	TOTAL	99999	99999	999999	999.99	99999	99999	999999	999.99	99999	99999
	WHITE	99999	99999	999999	999.99	99999	99999	999999	999.99	99999	99999
	BLACK	99999	99999	999999	999.99	99999	99999	999999	999.99	99999	99999
	OTHER	99999	99999	999999	999.99	99999	99999	999999	999.99	99999	99999
65-74	TOTAL	99999	99999	999999	999.99	99999	99999	999999	999.99	99999	99999
	WHITE	99999	99999	999999	999.99	99999	99999	999999	999.99	99999	99999
	BLACK	99999	99999	999999	999.99	99999	99999	999999	999.99	99999	99999
	OTHER	99999	99999	999999	999.99	99999	99999	999999	999.99	99999	99999
75-84	TOTAL	99999	99999	999999	999.99	99999	99999	999999	999.99	99999	99999
	WHITE	99999	99999	999999	999.99	99999	99999	999999	999.99	99999	99999
	BLACK	99999	99999	999999	999.99	99999	99999	999999	999.99	99999	99999
	OTHER	99999	99999	999999	999.99	99999	99999	999999	999.99	99999	99999
85+	TOTAL	99999	99999	999999	999.99	99999	99999	999999	999.99	99999	99999
	WHITE	99999	99999	999999	999.99	99999	99999	999999	999.99	99999	99999
	BLACK	99999	99999	999999	999.99	99999	99999	999999	999.99	99999	99999
	OTHER	99999	99999	999999	999.99	99999	99999	999999	999.99	99999	99999
PLAN	TOTAL	999999	999999	9999999	999.99	999999	999999	9999999	999.99	999999	999999
	WHITE	999999	999999	9999999	999.99	999999	999999	9999999	999.99	999999	999999
	BLACK	999999	999999	9999999	999.99	999999	999999	9999999	999.99	999999	999999

Members Enrolled by Coverage Plan Report (SU-O-067)

SUM367
AS OF: mm/dd/ccyy
RUN DATE: mm/dd/ccyy hh:mm

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MEMBERS ENROLLED BY COVERAGE PLAN

AGE		HMO B				ANY HMO				GRAN	
		FEMALE	MALE	TOTAL	%, P TOTAL	FEMALE	MALE	TOTAL	%, P TOTAL	FEMALE	MALE
<1	TOTAL	99999	99999	999999	999.99	99999	99999	999999	999.99	(33) 999999	(34) 999999
	WHITE	99999	99999	999999	999.99	99999	99999	999999	999.99	(37) 999999	(38) 999999
	BLACK	99999	99999	999999	999.99	99999	99999	999999	999.99	(41) 999999	(42) 999999
	OTHER	99999	99999	999999	999.99	99999	99999	999999	999.99	(46) 999999	(48) 999999
1-5	TOTAL	99999	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
	WHITE	99999	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
	BLACK	99999	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
	OTHER	99999	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
6-14	TOTAL	99999	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
	WHITE	99999	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
	BLACK	99999	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
	OTHER	99999	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
15-20	TOTAL	99999	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
	WHITE	99999	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
	BLACK	99999	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
	OTHER	99999	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
21-44	TOTAL	99999	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
	WHITE	99999	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
	BLACK	99999	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
	OTHER	99999	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
45-64	TOTAL	99999	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
	WHITE	99999	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
	BLACK	99999	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
	OTHER	99999	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
65-74	TOTAL	99999	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
	WHITE	99999	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
	BLACK	99999	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
	OTHER	99999	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
75-84	TOTAL	99999	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
	WHITE	99999	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
	BLACK	99999	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
	OTHER	99999	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
85+	TOTAL	99999	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
	WHITE	99999	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
	BLACK	99999	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
	OTHER	99999	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
PLAN	TOTAL	999999	999999	999999	999.99	999999	999999	999999	999.99	(49) 9999999	(50) 9999999
	WHITE	999999	999999	999999	999.99	999999	999999	999999	999.99	(53) 9999999	(54) 9999999
	BLACK	999999	999999	999999	999.99	999999	999999	999999	999.99	(57) 9999999	(58) 9999999
	OTHER	999999	999999	999999	999.99	999999	999999	999999	999.99	(61) 9999999	(62) 9999999

* * * END OF REPORT * * *

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Age (Range) Total Female	Calculated	DE0002	For any coverage plan, this field represents the total population of female enrollees that falls into this age range, regardless of their race, on the last day of the reporting month.
2	Age (Range) Total Male	Calculated	DE0002	For any coverage plan, this field represents the total population of male enrollees that falls into this age range, regardless of their race, on the last day of the reporting month.
3	Age (Range) Total	Calculated	DE0002	For any coverage plan, this field represents the total population of

				enrollees, both males and females that falls into this age range, regardless of their race, on the last day of the reporting month.
4	Age (Range) Total %, P Total	Calculated	DE0002	For any coverage plan, this field is the total of $A / B * 100$ where A is the total from Field No. 3 and B is the total from Field No. 19.
5	Age (Range) White Female	Calculated	DE0002	For any coverage plan, this field represents the total population of white female enrollees that falls into this age range on the last day of the reporting month.
6	Age (Range) White Male	Calculated	DE0002	For any coverage plan, this field represents the total population of white male enrollees that falls into this age range on the last day of the reporting month.
7	Age (Range) White Total	Calculated	DE0002	For any coverage plan, this field represents the total population of white enrollees, both males and females that falls into this age range on the last day of the reporting month.
8	Age (Range) White %, P Total	Calculated	DE0002	For any coverage plan, this field is the result of $A / B * 100$ where A is the total from Field No. 7 and B is the total from Field No. 23.
9	Age (Range) Black Female	Calculated	DE0002	For any coverage plan, this field represents the total population of black female enrollees that falls into this age range on the last day of the reporting month.
10	Age (Range) Black Male	Calculated	DE0002	For any coverage plan, this field represents the total population of black male enrollees that falls into this age range on the last day of the reporting month.
11	Age (Range) Black Total	Calculated	DE0002	For any coverage plan, this field represents the total population of black enrollees, both males and females that falls into this age range on the last day of the reporting month.
12	Age (Range) Black %, P Total	Calculated	DE0002	For any coverage plan, this field is the result of $A / B * 100$ where A is the total from Field No. 11 and B is the total

				from Field No. 27.
13	Age (Range) Other Female	Calculated	DE0002	For any coverage plan, this field represents the total population of female enrollees that were neither black nor white, and falls into this age range on the last day of the reporting month.
14	Age (Range) Other Male	Calculated	DE0002	For any coverage plan, this field represents the total population of male enrollees that are neither black nor white, and falls into this age range on the last day of the reporting month.
15	Age (Range) Other Total	Calculated	DE0002	For any coverage plan, this field represents the total population of enrollees, both males and females, that are neither black nor white, and falls into this age range on the last day of the reporting month.
16	Age (Range) Other %, P Total	Calculated	DE0002	For any coverage plan, this field is the result of $A / B * 100$ where A is the total from Field No. 15 and B is the total from Field No. 31.
17	Plan Total Female	Calculated	DE0002	For any coverage plan, this field represents the total population of female enrollees, regardless of their race, for all age ranges.
18	Plan Total Male	Calculated	DE0002	For any coverage plan, this field represents the total population of male enrollees, regardless of their race and age.
19	Plan Total	Calculated	DE0002	For any coverage plan, this field represents the total population of enrollees, both males and females, regardless of their race and age.
20	Plan Total %, P Total	Calculated	DE0002	For any coverage plan, this field is the result of $A / B * 100$ where A is the total from Field No. 19 and B is the total from Field No. 19. This field will always be 100%.
21	Plan Total White Female	Calculated	DE0002	For any coverage plan, this field represents the total population of white female enrollees regardless of their age.
22	Plan Total White Male	Calculated	DE0002	For any coverage plan, this field represents the total population of white male enrollees, regardless of their age.

23	Plan Total White Total	Calculated	DE0002	For any coverage plan, this field represents the total population of white enrollees, both males and females, regardless of their age.
24	Plan Total White %, P Total	Calculated	DE0002	For any coverage plan, this field is the result of $A / B * 100$ where A is the total from Field No. 23 and B is the total from Field No. 19.
25	Plan Total Black Female	Calculated	DE0002	For any coverage plan, this field represents the total population of black female enrollees, regardless of their age.
26	Plan Total Black Male	Calculated	DE0002	For any coverage plan, this field represents the total population of black male enrollees, regardless of their age.
27	Plan Total Black Total	Calculated	DE0002	For any coverage plan, this field represents the total population of black enrollees, both males and females, regardless of their age.
28	Plan Total Black %, P Total	Calculated	DE0002	For any coverage plan, this field is the result of $A / B * 100$ where A is the total from Field No. 27 and B is the total from Field No. 19.
29	Plan Total Other Female	Calculated	DE0002	For any coverage plan, this field represents the total population of female's enrollees that are neither black nor white, regardless of their age.
30	Plan Total Other Male	Calculated	DE0002	For any coverage plan, this field represents the total population of male enrollees that are neither black nor white, regardless of their age range.
31	Plan Total Other Total	Calculated	DE0002	For any coverage plan, this field represents the total population of enrollees that are neither black nor white, regardless of their age.
32	Plan Total Other %, P Total	Calculated	DE0002	For any coverage plan, this field is the result of $A / B * 100$ where A is the total from Field No. 31 and B is the total from Field No. 19.
33	Grand Total: Age (Range) Total Female	Calculated	DE0002	This field represents the grand total of female enrollees that falls into this age range, regardless of their race and coverage plan, on the last day of the reporting month.

34	Grand Total: Age (Range) Total Male	Calculated	DE0002	This field represents the grand total of male enrollees that falls into this age range, regardless of their race and coverage plan, on the last day of the reporting month.
35	Grand Total: Age (Range) Total	Calculated	DE0002	This field represents the grand total of enrollees, both males and females that falls into this age range, regardless of their race and coverage plan, on the last day of the reporting month.
36	Grand Total: Age (Range) Total %, P TOTAL	Calculated	DE0002	This field is the total of $A / B * 100$ where A is the total from Field No. 35 and B is the total from Field No. 51.
37	Grand Total: Age (Range) White Female	Calculated	DE0002	This field represents the grand total of white female enrollees that falls into this age range, regardless of their coverage plan, on the last day of the reporting month.
38	Grand Total: Age (Range) White Male	Calculated	DE0002	This field represents the grand total of white male enrollees that falls into this age range, regardless of their coverage plan, on the last day of the reporting month.
39	Grand Total: Age (Range) White Total	Calculated	DE0002	This field represents the grand total of white enrollees, both males and females that falls into this age range, regardless of their coverage plan, on the last day of the reporting month.
40	Grand Total: Age (Range) White %, P Total	Calculated	DE0002	This field is the result of $A / B * 100$ where A is the total from Field No. 39 and B is the total from Field No. 55.
41	Grand Total: Age (Range) Black Female	Calculated	DE0002	This field represents the grand total of black female enrollees that falls into this age range, regardless of their coverage plan, on the last day of the reporting month.
42	Grand Total: Age (Range) Black Male	Calculated	DE0002	This field represents the grand total of black male enrollees that falls into this age range, regardless of their coverage plan, on the last day of the reporting month.
43	Grand Total: Age (Range) Black Total	Calculated	DE0002	This field represents the grand total of black enrollees, both males and females that falls into this age range, regardless of their coverage plan, on

				the last day of the reporting month.
44	Grand Total: Age (Range) Black %, P Total	Calculated	DE0002	This field is the result of $A / B * 100$ where A is the total from Field No. 43 and B is the total from Field No. 59.
45	Grand Total: Age (Range) Other Female	Calculated	DE0002	This field represents the grand total of female enrollees that are neither black nor white, and falls into this age range, regardless of their coverage plan, on the last day of the reporting month.
46	Grand Total: Age (Range) Other Male	Calculated	DE0002	This field represents the grand total of male enrollees that are neither black nor white, and falls into this age range, regardless of their coverage plan, on the last day of the reporting month.
47	Grand Total: Age (Range) Other Total	Calculated	DE0002	This field represents the grand total of enrollees, both males and females that are neither black nor white, and falls into this age range, regardless of their coverage plan, on the last day of the reporting month.
48	Grand Total: Age (Range) Other %, P Total	Calculated	DE0002	This field is the result of $A / B * 100$ where A is the total from Field No. 47 and B is the total from Field No. 63.
49	Grand Total: Plan Total Female	Calculated	DE0002	This field represents the grand total of female enrollees, regardless of their race, coverage plan and age.
50	Grand Total: Plan Total Male	Calculated	DE0002	This field represents the grand total of male enrollees, regardless of their race, coverage plan, and age.
51	Grand Total: Plan Total	Calculated	DE0002	This field represents the grand total of enrollees, both males and females, regardless of their race, coverage plan, and age.
52	Grand Total: Plan Total %, P Total	Calculated	DE0002	This field is the result of $A / B * 100$ where A is the total from Field No. 51 and B is the total from Field No. 51. This field will always be 100%.
53	Grand Total: Plan Total White Female	Calculated	DE0002	This field represents the grand total of white female enrollees regardless of their coverage plan and age.
54	Grand Total: Plan Total White Male	Calculated	DE0002	This field represents the grand total of white male enrollees, regardless of their coverage plan and age.
55	Grand Total: Plan Total White Total	Calculated	DE0002	This field represents the grand total of

				white enrollees, both males and females, regardless of their coverage plan and age.
56	Grand Total: Plan Total White %, P Total	Calculated	DE0002	This field is the result of $A / B * 100$ where A is the total from Field No. 55 and B is the total from Field No. 51.
57	Grand Total: Plan Total Black Female	Calculated	DE0002	This field represents the grand total of black female enrollees, regardless of their coverage plan and age.
58	Grand Total: Plan Total Black Male	Calculated	DE0002	This field represents the grand total of black male enrollees, regardless of their coverage plan and age.
59	Grand Total: Plan Total Black Total	Calculated	DE0002	This field represents the grand total of black enrollees, both males and females, regardless of their coverage plan and age.
60	Grand Total: Plan Total Black %, P Total	Calculated	DE0002	This field is the result of $A / B * 100$ where A is the total from Field No. 59 and B is the total from Field No. 51.
61	Grand Total: Plan Total Other Female	Calculated	DE0002	This field represents the grand total of female's enrollees that are neither black nor white, regardless of their coverage plan and age.
62	Grand Total: Plan Total Other Male	Calculated	DE0002	This field represents the grand total of male enrollees that are neither black nor white, regardless of their coverage plan and age.
63	Grand Total: Plan Total Other Total	Calculated	DE0002	This field represents the grand total of enrollees that are neither black nor white, regardless of their coverage plan and age.
64	Grand Total: Plan Total Other %, P Total	Calculated	DE0002	This field is the result of $A / B * 100$ where A is the total from Field No. 63 and B is the total from Field No. 51.

Output Reports SU-O-068 Members Enrolled with Six Month Continuous Enrollment Report

General Information

The Members Enrolled with Six Month Continuous Enrollment Report is identical to the Member Enrolled by Coverage Plan Report in format. All of the calculations are computed the same. Only enrollees that have been enrolled for six continuous months on the last day of the reporting month are reported. The description for SU-O-67 is applicable to this report. If there is a significant movement of enrollees between coverage plans, a smaller number of enrollees will comprise the enrollee sample used to produce this report. The final column of this report is a grand total column. This column summarizes totals for all coverage plans and re-computes percentages. Columns for individual HMOs will vary as HMOs are added and dropped. Any HMO is the aggregate of HMO A and HMO B. The column for Grand Total will be computed using the totals from the report lines for Medicaid (No M/C), Medallion and Any HMO. If the totals from the individual HMOs are included also, the TOTAL line will contain duplicate counts. By comparing this report with SU-O-67, the reviewer has a clear, statistical indication whether the enrollee population is satisfied with their coverage. Minimal movement between coverage plans could be a good indication that physicians are providing quality care to the enrollee population. Once again, the reviewer can focus on any segment of the enrollee population, for any age category, sex, race, coverage plan, or all coverage plans cumulatively. Using the computations from this report, the reviewer may use an Excel Spreadsheet or a similar PC package, to derive many other meaningful statistics. This report includes both fee-for-service and encounter claims.

Subsystem:	SURS
Frequency:	Monthly
Volume:	2 - 10 Pages
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS
Program:	Generate SU-O-068 report (SUM368)
Confidential:	Yes
Sequence:	Coverage Plan
Control Breaks:	None

Members Enrolled with Six Month Continuous Enrollment Report (SU-O-068)

SUM368
AS OF: mm/dd/ccyy
PAGE NUMBER 1
RUN DATE: mm/dd/ccyy hh:mm

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MEMBERS ENROLLED WITH SIX MONTH CONTINUOUS ENROLLMENT

AGE	MEDICAID, NO MANAGED CARE				MEDALLION				HM	
	FEMALE	MALE	TOTAL	% , P	FEMALE	MALE	TOTAL	% , P	FEMALE	MALE
<1	TOTAL (1)	99999 (2)	99999 (3)	999.99 (4)	TOTAL	99999	99999	999.99	99999	99999
	WHITE (5)	99999 (6)	99999 (7)	999.99 (8)	99999	99999	99999	999.99	99999	99999
	BLACK (9)	99999 (10)	99999 (11)	999.99 (12)	99999	99999	99999	999.99	99999	99999
	OTHER (13)	99999 (14)	99999 (15)	999.99 (16)	99999	99999	99999	999.99	99999	99999
1-5	TOTAL	99999	99999	999.99	99999	99999	99999	999.99	99999	99999
	WHITE	99999	99999	999.99	99999	99999	99999	999.99	99999	99999
	BLACK	99999	99999	999.99	99999	99999	99999	999.99	99999	99999
	OTHER	99999	99999	999.99	99999	99999	99999	999.99	99999	99999
6-14	TOTAL	99999	99999	999.99	99999	99999	99999	999.99	99999	99999
	WHITE	99999	99999	999.99	99999	99999	99999	999.99	99999	99999
	BLACK	99999	99999	999.99	99999	99999	99999	999.99	99999	99999
	OTHER	99999	99999	999.99	99999	99999	99999	999.99	99999	99999
15-20	TOTAL	99999	99999	999.99	99999	99999	99999	999.99	99999	99999
	WHITE	99999	99999	999.99	99999	99999	99999	999.99	99999	99999
	BLACK	99999	99999	999.99	99999	99999	99999	999.99	99999	99999
	OTHER	99999	99999	999.99	99999	99999	99999	999.99	99999	99999
21-44	TOTAL	99999	99999	999.99	99999	99999	99999	999.99	99999	99999
	WHITE	99999	99999	999.99	99999	99999	99999	999.99	99999	99999
	BLACK	99999	99999	999.99	99999	99999	99999	999.99	99999	99999
	OTHER	99999	99999	999.99	99999	99999	99999	999.99	99999	99999
45-64	TOTAL	99999	99999	999.99	99999	99999	99999	999.99	99999	99999
	WHITE	99999	99999	999.99	99999	99999	99999	999.99	99999	99999
	BLACK	99999	99999	999.99	99999	99999	99999	999.99	99999	99999
	OTHER	99999	99999	999.99	99999	99999	99999	999.99	99999	99999
65-74	TOTAL	99999	99999	999.99	99999	99999	99999	999.99	99999	99999
	WHITE	99999	99999	999.99	99999	99999	99999	999.99	99999	99999
	BLACK	99999	99999	999.99	99999	99999	99999	999.99	99999	99999
	OTHER	99999	99999	999.99	99999	99999	99999	999.99	99999	99999
75-85	TOTAL	99999	99999	999.99	99999	99999	99999	999.99	99999	99999
	WHITE	99999	99999	999.99	99999	99999	99999	999.99	99999	99999
	BLACK	99999	99999	999.99	99999	99999	99999	999.99	99999	99999
	OTHER	99999	99999	999.99	99999	99999	99999	999.99	99999	99999
85+	TOTAL	99999	99999	999.99	99999	99999	99999	999.99	99999	99999
	WHITE	99999	99999	999.99	99999	99999	99999	999.99	99999	99999
	BLACK	99999	99999	999.99	99999	99999	99999	999.99	99999	99999
	OTHER	99999	99999	999.99	99999	99999	99999	999.99	99999	99999
PLAN	TOTAL (17)	99999 (18)	99999 (19)	999.99 (20)	TOTAL	99999	99999	999.99	99999	99999
	WHITE (21)	99999 (22)	99999 (23)	999.99 (24)	99999	99999	99999	999.99	99999	99999
	BLACK (25)	99999 (26)	99999 (27)	999.99 (28)	99999	99999	99999	999.99	99999	99999
	OTHER (29)	99999 (30)	99999 (31)	999.99 (32)	99999	99999	99999	999.99	99999	99999

Members Enrolled with Six Month Continuous Enrollment Report (SU-O-068)

SUM368
AS OF: mm/dd/ccyy
PAGE NUMBER 2
RUN DATE: mm/dd/ccyy hh:mm

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MEMBERS ENROLLED WITH SIX MONTH CONTINUOUS ENROLLMENT

AGE	HMO B				ANY HMO				GRAND	
	FEMALE	MALE	TOTAL	%, P TOTAL	FEMALE	MALE	TOTAL	%, P TOTAL	FEMALE	MALE
<1 TOTAL	99999	99999	999999	999.99	99999	99999	999999	999.99	(33) 999999	(34) 999999
	WHITE	99999	999999	999.99	99999	99999	999999	999.99	(37) 999999	(38) 999999
	BLACK	99999	999999	999.99	99999	99999	999999	999.99	(41) 999999	(42) 999999
	OTHER	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
1-5 TOTAL	99999	99999	999999	999.99	99999	99999	999999	999.99	(45) 999999	(46) 999999
	WHITE	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
	BLACK	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
	OTHER	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
6-14 TOTAL	99999	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
	WHITE	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
	BLACK	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
	OTHER	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
15-20 TOTAL	99999	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
	WHITE	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
	BLACK	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
	OTHER	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
21-44 TOTAL	99999	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
	WHITE	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
	BLACK	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
	OTHER	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
45-64 TOTAL	99999	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
	WHITE	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
	BLACK	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
	OTHER	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
65-74 TOTAL	99999	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
	WHITE	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
	BLACK	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
	OTHER	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
75-84 TOTAL	99999	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
	WHITE	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
	BLACK	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
	OTHER	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
85+ TOTAL	99999	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
	WHITE	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
	BLACK	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
	OTHER	99999	999999	999.99	99999	99999	999999	999.99	999999	999999
PLAN TOTAL	999999	999999	9999999	999.99	999999	999999	9999999	999.99	(49) 9999999	(50) 9999999
	WHITE	999999	9999999	999.99	999999	999999	9999999	999.99	(53) 9999999	(54) 9999999
	BLACK	999999	9999999	999.99	999999	999999	9999999	999.99	(57) 9999999	(58) 9999999
	OTHER	999999	9999999	999.99	999999	999999	9999999	999.99	(61) 9999999	(62) 9999999

* * * END OF REPORT * * *

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Age (Range) Total Female	Calculated	DE0002	For any coverage plan, this field represents the total population of female enrollees that falls into this age range, regardless of their race, on the last day of the reporting month.
2	Age (Range) Total Male	Calculated	DE0002	For any coverage plan, this field represents the total population of male enrollees that falls into this age range, regardless of their race, on the last day of the reporting month.

3	Age (Range) Total	Calculated	DE0002	For any coverage plan, this field represents the total population of enrollees, both males and females that falls into this age range, regardless of their race, on the last day of the reporting month.
4	Age (Range) Total %, P Total	Calculated	DE0002	For any coverage plan, this field is the total of $A / B * 100$ where A is the total from Field No. 3 and B is the total from Field No. 19.
5	Age (Range) White Female	Calculated	DE0002	For any coverage plan, this field represents the total population of white female enrollees that falls into this age range on the last day of the reporting month.
6	Age (Range) White Male	Calculated	DE0002	For any coverage plan, this field represents the total population of white male enrollees that falls into this age range on the last day of the reporting month.
7	Age (Range) White Total	Calculated	DE0002	For any coverage plan, this field represents the total population of white enrollees, both males and females that falls into this age range on the last day of the reporting month.
8	Age (Range) White %, P Total	Calculated	DE0002	For any coverage plan, this field is the result of $A / B * 100$ where A is the total from Field No. 7 and B is the total from Field No. 23.
9	Age (Range) Black Female	Calculated	DE0002	For any coverage plan, this field represents the total population of black female enrollees that falls into this age range on the last day of the reporting month.
10	Age (Range) Black Male	Calculated	DE0002	For any coverage plan, this field represents the total population of black male enrollees that falls into this age range on the last day of the reporting month.
11	Age (Range) Black Total	Calculated	DE0002	For any coverage plan, this field represents the total population of black enrollees, both males and females that falls into this age range on the last day of the reporting month.
12	Age (Range)	Calculated	DE0002	For any coverage plan, this field is the

	Black %, P Total			result of $A / B * 100$ where A is the total from Field No. 11 and B is the total from Field No. 27.
13	Age (Range) Other Female	Calculated	DE0002	For any coverage plan, this field represents the total population of female enrollees that were neither black nor white, and falls into this age range on the last day of the reporting month.
14	Age (Range) Other Male	Calculated	DE0002	For any coverage plan, this field represents the total population of male enrollees that are neither black nor white, and falls into this age range on the last day of the reporting month.
15	Age (Range) Other Total	Calculated	DE0002	For any coverage plan, this field represents the total population of enrollees, both males and females, that are neither black nor white, and falls into this age range on the last day of the reporting month.
16	Age (Range) Other %, P Total	Calculated	DE0002	For any coverage plan, this field is the result of $A / B * 100$ where A is the total from Field No. 15 and B is the total from Field No. 31.
17	Plan Total Female	Calculated	DE0002	For any coverage plan, this field represents the total population of female enrollees, regardless of their race, for all age ranges.
18	Plan Total Male	Calculated	DE0002	For any coverage plan, this field represents the total population of male enrollees, regardless of their race and age.
19	Plan Total	Calculated	DE0002	For any coverage plan, this field represents the total population of enrollees, both males and females, regardless of their race and age.
20	Plan Total %, P Total	Calculated	DE0002	For any coverage plan, this field is the result of $A / B * 100$ where A is the total from Field No. 19 and B is the total from Field No. 19. This field will always be 100%.
21	Plan Total White Female	Calculated	DE0002	For any coverage plan, this field represents the total population of white female enrollees regardless of their age.
22	Plan Total White	Calculated	DE0002	For any coverage plan, this field rep-

	Male			resents the total population of white male enrollees, regardless of their age.
23	Plan Total White Total	Calculated	DE0002	For any coverage plan, this field represents the total population of white enrollees, both males and females, regardless of their age.
24	Plan Total White %, P Total	Calculated	DE0002	For any coverage plan, this field is the result of $A / B * 100$ where A is the total from Field No. 23 and B is the total from Field No. 19.
25	Plan Total Black Female	Calculated	DE0002	For any coverage plan, this field represents the total population of black female enrollees, regardless of their age.
26	Plan Total Black Male	Calculated	DE0002	For any coverage plan, this field represents the total population of black male enrollees, regardless of their age.
27	Plan Total Black Total	Calculated	DE0002	For any coverage plan, this field represents the total population of black enrollees, both males and females, regardless of their age.
28	Plan Total Black %, P Total	Calculated	DE0002	For any coverage plan, this field is the result of $A / B * 100$ where A is the total from Field No. 27 and B is the total from Field No. 19.
29	Plan Total Other Female	Calculated	DE0002	For any coverage plan, this field represents the total population of female's enrollees that are neither black nor white, regardless of their age.
30	Plan Total Other Male	Calculated	DE0002	For any coverage plan, this field represents the total population of male enrollees that are neither black nor white, regardless of their age range.
31	Plan Total Other Total	Calculated	DE0002	For any coverage plan, this field represents the total population of enrollees that are neither black nor white, regardless of their age.
32	Plan Total Other %, P Total	Calculated	DE0002	For any coverage plan, this field is the result of $A / B * 100$ where A is the total from Field No. 31 and B is the total from Field No. 19.
33	Grand Total: Age (Range) Total Female	Calculated	DE0002	This field represents the grand total of female enrollees that falls into this age range, regardless of their race and coverage plan, on the last day of the report.

				ing month.
34	Grand Total: Age (Range) Total Male	Calculated	DE0002	This field represents the grand total of male enrollees that falls into this age range, regardless of their race and coverage plan, on the last day of the reporting month.
35	Grand Total: Age (Range) Total	Calculated	DE0002	This field represents the grand total of enrollees, both males and females that falls into this age range, regardless of their race and coverage plan, on the last day of the reporting month.
36	Grand Total: Age (Range) Total %, P TOTAL	Calculated	DE0002	This field is the total of $A / B * 100$ where A is the total from Field No. 35 and B is the total from Field No. 51.
37	Grand Total: Age (Range) White Female	Calculated	DE0002	This field represents the grand total of white female enrollees that falls into this age range, regardless of their coverage plan, on the last day of the reporting month.
38	Grand Total: Age (Range) White Male	Calculated	DE0002	This field represents the grand total of white male enrollees that falls into this age range, regardless of their coverage plan, on the last day of the reporting month.
39	Grand Total: Age (Range) White Total	Calculated	DE0002	This field represents the grand total of white enrollees, both males and females that falls into this age range, regardless of their coverage plan, on the last day of the reporting month.
40	Grand Total: Age (Range) White %, P Total	Calculated	DE0002	This field is the result of $A / B * 100$ where A is the total from Field No. 39 and B is the total from Field No. 55.
41	Grand Total: Age (Range) Black Female	Calculated	DE0002	This field represents the grand total of black female enrollees that falls into this age range, regardless of their coverage plan, on the last day of the reporting month.
42	Grand Total: Age (Range) Black Male	Calculated	DE0002	This field represents the grand total of black male enrollees that falls into this age range, regardless of their coverage plan, on the last day of the reporting month.
43	Grand Total: Age (Range) Black Total	Calculated	DE0002	This field represents the grand total of black enrollees, both males and females that falls into this age range,

				regardless of their coverage plan, on the last day of the reporting month.
44	Grand Total: Age (Range) Black %, P Total	Calculated	DE0002	This field is the result of $A / B * 100$ where A is the total from Field No. 43 and B is the total from Field No. 59.
45	Grand Total: Age (Range) Other Female	Calculated	DE0002	This field represents the grand total of female enrollees that are neither black nor white, and falls into this age range, regardless of their coverage plan, on the last day of the reporting month.
46	Grand Total: Age (Range) Other Male	Calculated	DE0002	This field represents the grand total of male enrollees that are neither black nor white, and falls into this age range, regardless of their coverage plan, on the last day of the reporting month.
47	Grand Total: Age (Range) Other Total	Calculated	DE0002	This field represents the grand total of enrollees, both males and females that are neither black nor white, and falls into this age range, regardless of their coverage plan, on the last day of the reporting month.
48	Grand Total: Age (Range) Other %, P Total	Calculated	DE0002	This field is the result of $A / B * 100$ where A is the total from Field No. 47 and B is the total from Field No. 63.
49	Grand Total: Plan Total Female	Calculated	DE0002	This field represents the grand total of female enrollees, regardless of their race, coverage plan and age.
50	Grand Total: Plan Total Male	Calculated	DE0002	This field represents the grand total of male enrollees, regardless of their race, coverage plan, and age.
51	Grand Total: Plan Total	Calculated	DE0002	This field represents the grand total of enrollees, both males and females, regardless of their race, coverage plan, and age.
52	Grand Total: Plan Total %, P Total	Calculated	DE0002	This field is the result of $A / B * 100$ where A is the total from Field No. 51 and B is the total from Field No. 51. This field will always be 100%.
53	Grand Total: Plan Total White Female	Calculated	DE0002	This field represents the grand total of white female enrollees regardless of their coverage plan and age.
54	Grand Total: Plan Total White Male	Calculated	DE0002	This field represents the grand total of white male enrollees, regardless of their coverage plan and age.

55	Grand Total: Plan Total White Total	Calculated	DE0002	This field represents the grand total of white enrollees, both males and females, regardless of their coverage plan and age.
56	Grand Total: Plan Total White %, P Total	Calculated	DE0002	This field is the result of $A / B * 100$ where A is the total from Field No. 55 and B is the total from Field No. 51.
57	Grand Total: Plan Total Black Female	Calculated	DE0002	This field represents the grand total of black female enrollees, regardless of their coverage plan and age.
58	Grand Total: Plan Total Black Male	Calculated	DE0002	This field represents the grand total of black male enrollees, regardless of their coverage plan and age.
59	Grand Total: Plan Total Black Total	Calculated	DE0002	This field represents the grand total of black enrollees, both males and females, regardless of their coverage plan and age.
60	Grand Total: Plan Total Black %, P Total	Calculated	DE0002	This field is the result of $A / B * 100$ where A is the total from Field No. 59 and B is the total from Field No. 51.
61	Grand Total: Plan Total Other Female	Calculated	DE0002	This field represents the grand total of female's enrollees that are neither black nor white, regardless of their coverage plan and age.
62	Grand Total: Plan Total Other Male	Calculated	DE0002	This field represents the grand total of male enrollees that are neither black nor white, regardless of their coverage plan and age.
63	Grand Total: Plan Total Other Total	Calculated	DE0002	This field represents the grand total of enrollees that are neither black nor white, regardless of their coverage plan and age.
64	Grand Total: Plan Total Other %, P Total	Calculated	DE0002	This field is the result of $A / B * 100$ where A is the total from Field No. 63 and B is the total from Field No. 51.

Output Reports SU-O-071 Utilization Tracking Enrollee History

General Information

This report contains claim information for a particular enrollee that meets the user-specified criteria from screen SU-S-001. It is used to support utilization review. There are three possible sort orders for this report. The example shown in the following mock-up is for sort order version #1. Enrollee history reporting supports both fee-for-service and encounter claims. Encounter data is included in this report if it meets the user-specified selection criteria.

Subsystem:	SURS
Frequency:	Weekly - Produced Every Friday
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS
Program:	Enrollee History Report (SUR610)
Confidential:	Yes
Sequence:	Version 1: Enrollee Provider Date of Service Version 2: Enrollee Procedure Date of Service Version 3: Enrollee Date of Service Provider
Control Breaks:	Enrollee

Utilization Tracking Enrollee History (SU-O-071)

SUR610 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF MM/DD/CCYY UTILIZATION TRACKING ENROLLEE HISTORY
RUN DATE: MM/DD/CCYY HH:MM (1) SORT ORDER: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (2) REQUESTED BY: XXX XXX XXX XXX
(3) (4) (5) (6)
SELECTION CRITERIA: AID CATEGORY: XX XX XX PROVIDER TYPE: XX SPECIALTY: XX DATE OF SERVICE: FROM mm/dd/yyyy TO mm/dd/yyyy
(7) (8) PROC/MOD: XXXXXXXX XX XXXXXXXX XX XXXXXXXX XX XXXXXXXX XX REVENUE: XXX XXX XXX XXX
(10) DRG: XXX XXX XXX XXX (11) NDC: XXXXXXXXXXX XXXXXXXXXXX XXXXXXXXXXX XXXXXXXXXXX
PROGRAM/SUB-PROGRAM/BENEFIT CODE/EXCEP CD : 99/99/9999/XX 99/99/9999/XX 99/99/9999/XX
(12) (13) (14) (15)
ENROLLEE ID: XXXXXXXXXXXX (16) ENROLLEE NAME: XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX X XXX (17) (18) (19) (20)
(21) (22) (23) (24) (25) (26) (26.1) (27)
PROVIDER ID PROVIDER NAME TYPE SPECIALTY DATE OF SERVICE PRSCRB PROV CLM S
(30) (31) (32) (33) (34) (35)
1234567890 XXXXXXXXXXXXXXXXXXXX XXXXX XXXXXXXXXXXXX X XXX XXX MM/DD/CCYY - MM/DD/CCYY 1234567890 XX
XXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX 99,999 99,999.99 99,999.99 999999999999
9999999999 XXXXXXXXXXXXXXXXXXXX XXXXX XXXXXXXXXXXXX X XXX XXX MM/DD/CCYY - MM/DD/CCYY 1234567890 XX
XXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX 99,999 99,999.99 99,999.99 999999999999
9999999999 XXXXXXXXXXXXXXXXXXXX XXXXX XXXXXXXXXXXXX X XXX XXX MM/DD/CCYY - MM/DD/CCYY XXXXXXXXXXXX XX
XXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX 99,999 99,999.99 99,999.99 999999999999
9999999999 XXXXXXXXXXXXXXXXXXXX XXXXX XXXXXXXXXXXXX X XXX XXX MM/DD/CCYY - MM/DD/CCYY XXXXXXXXXXXX XX
XXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX 99,999 99,999.99 99,999.99 999999999999
9999999999 XXXXXXXXXXXXXXXXXXXX XXXXX XXXXXXXXXXXXX X XXX XXX MM/DD/CCYY - MM/DD/CCYY XXXXXXXXXXXX XX
XXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX 99,999 99,999.99 99,999.99 999999999999
9999999999 XXXXXXXXXXXXXXXXXXXX XXXXX XXXXXXXXXXXXX X XXX XXX MM/DD/CCYY - MM/DD/CCYY XXXXXXXXXXXX XX
XXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX 99,999 99,999.99 99,999.99 999999999999
9999999999 XXXXXXXXXXXXXXXXXXXX XXXXX XXXXXXXXXXXXX X XXX XXX MM/DD/CCYY - MM/DD/CCYY XXXXXXXXXXXX XX
XXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX 99,999 99,999.99 99,999.99 999999999999
(38) (39) (40)
TOTALS FOR PROCEDURE/PROVIDER: UNITS BILLED: 99,999 AMOUNT BILLED: 99,999.99 AMOUNT PAID: 99,999.99
(41) (42) (43)
TOTALS FOR ENROLLEE: UNITS BILLED: 99,999 AMOUNT BILLED: 99,999.99 AMOUNT PAID: 99,999.99
* * END OF REPORT * * *

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	SORT ORDER	Utilization Tracking Sort Order	DE7465	Utilization Tracking Sort Order Code identifying the report sort order. Use the on-line HELP system to find valid codes for this field.
2	REQUESTED BY	User/Operator ID	DE0012	User/Operator ID. A code uniquely identifying the VaMMIS user. It tracks user input and use of the system.
3	AID CATEGORY	Enrollee Eligibility Aid Category	DE3009	Enrollee Eligibility Aid Category. Also known as Recipient Program Designation or Scope of Coverage code. This

				is the program category under which a recipient is eligible for Medicaid or DMAS- administered programs. It is also used to identify an enrollee's eligibility for certain Benefit Plans. Use the on-line HELP system to find valid codes for this field.
4	PROVIDER TYPE	Provider Type	DE4006	Provider Type A code that designates the classification of a provider under the State plan (e.g., Dentist, Pharmacy). As of 03/31/99 the following Provider Types were end dated: 069 - HMO Options -Immunization 089 - HMO Options Use the on-line HELP system to find valid codes for this field.
5	SPECIALTY	Provider Specialty Code	DE4007	Provider Specialty Code. The provider's certified medical specialty(s). Use the on-line HELP system to find valid codes for this field.
6	DATE OF SERVICE: FROM/THRU	Claim Service From Date	DE2010	Claim Service From Date on which the service was first rendered; for a claim covering only one service (e.g., a prescription), this is the only service date.
7	PROC	Procedure Code	DE5002	Procedure Code used to identify a specific dental, medical, revenue, or ICD diagnosis/surgical procedure.
8	MOD	Claims Procedure Code Modifier	DE2171	Claims Procedure Code Modifier The 2-position standard HCFA modifier entered with a procedure code. The exception is that for EPSDT, the valid modifiers are only one position, H, K, T, U, W, Y, and Z. See Value Set "VALID-MODIFIERS". Use the on-line HELP system to find valid codes for this field.
9	REVENUE	Claim Revenue Code	DE2122	Claim Revenue Code A code

				which defines a specific accommodation and/or ancillary service or billing calculation. Use the on-line HELP system to find valid codes for this field.
10	DRG	DRG (Diagnosis Related Group) Code	DE5353	DRG (Diagnosis Related Group) Code A code assigned to an Inpatient claim based on diagnosis codes, age, sex, discharge status, birth weight, and surgery codes. Values are on RF_DRG Table.
11	NDC	Drug Code (NDC)	DE5200	Drug Code (NDC) National standard formulary 11-digit code used by most states to uniquely identify drugs. Codes are assigned by the FDA. The labeler code designates the drug manufacturer, always 5 numeric characters; the product code identifies the specific drug, drug strength and dosage form, always 4 characters, may be alphanumeric; and the package code always 2 characters, may be alphanumeric.
12	PROGRAM	Benefit Definition Plan Program Code	DE3551	Benefit Definition Plan Program Code The first tier or level of the code structure defining the Benefit Plan. The Program is the highest level reporting designation defined by DMAS and, in most cases, is indicative of the source of funding. Use the on-line HELP system to find valid codes for this field.
13	SUB-PROGRAM	Benefit Definition Plan Subprogram Code	DE3552	Benefit Definition Plan Subprogram Code The second level of the coding structure of the Benefit Plan which defines the methodology for providing benefits under the Program. Use the on-line HELP system to find valid codes for this field.

14	BENEFIT CODE	Benefit Definition Plan Benefit Code	DE3553	Benefit Definition Plan Benefit Code The third tier of a Benefit Plan Code that identifies the high level of service (i.e., Medicaid waiver, AIDS) provided by the Plan. Use the on-line HELP system to find valid codes for this field.
15	EXCEP CD	Benefit Plan Exception Indicator	DE3072	Benefit Plan Exception Indicator A code used as a modifier to the Benefit Plan Code, indicating the level of care (LOC) that the enrollee is receiving in a nursing home facility or waiver service. It also identifies CMM restriction levels. Use the on-line HELP system to find valid codes for this field.
16	ENROLLEE ID	Enrollee Identification Number	DE3001	Enrollee Identification Number The DMAS-administered identification number that is used to tie all claims for a single enrollee together.
17	ENROLLEE NAME [LAST]	Enrollee Last Name	DE3110	Enrollee Last Name The last name of the individual eligible for a DMAS-administered medical care program.
18	ENROLLEE NAME [FIRST]	Enrollee First Name	DE3111	Enrollee First Name The first name of the individual eligible for a DMAS-administered medical care program.
19	ENROLLEE NAME [MI]	Enrollee Middle Initial	DE3112	Enrollee Middle Initial The middle initial of the individual eligible for a DMAS-administered medical care program.
20	ENROLLEE NAME [SUFFIX]	Enrollee Name Suffix	DE3113	Enrollee Name Suffix The name suffix of the individual eligible for a DMAS-administered medical care program. Use the on-line HELP system to find valid codes for this field.
21	PROVIDER ID	National Provider Identifier	DE4700	Claim Billing Provider Identification Number A unique identification number assigned by DMAS for a billing provider.

				The unique number assigned to the provider who submitted the claim document for adjudication.
22	PROVIDER NAME	Provider Name	DE4085	Provider Name The name of the provider. If a Business Type Provider Name the field is 40 bytes free format. If an Individual Type Provider Name the field is Last Name, First Name, Middle Initial, Suffix and Title.
23	TYPE	Provider Type	DE4006	Provider Type A code that designates the classification of a provider under the State plan (e.g., Dentist, Pharmacy). As of 03/31/99 the following Provider Types were end dated: 069 - HMO Options -Immunization 089 - HMO Options Use the on-line HELP system to find valid codes for this field.
24	SPECIALTY	Provider Specialty Code	DE4007	Provider Specialty Code The provider's certified medical specialty(s). Use the on-line HELP system to find valid codes for this field.
25	DATE OF SERVICE (FROM)	Claim Service From Date	DE2010	Claim Service From Date on which the service was first rendered; for a claim covering only one service (e.g., a prescription), this is the only service date.
26	DATE OF SERVICE (THRU)	Claim Service Thru Date	DE2011	Claim Service Thru Date on which the service was last rendered; for a claim covering only one service (e.g., a prescription), this is the only service date (D_SERV_FROM and D_SERV_THRU will be equal).
26.1	PRSCRB PROV	National Provider Identifier	DE4700	Claim Prescribing Physician Identification Number Drug Claim Prescribing provider ID.
27	CLM	Claim Type	DE2002	Claim Type A code defining

				the type of claim. For paper claims, the first 2 positions of the transmission code are used to derive this field. Use the on-line HELP system to find valid codes for this field.
28	STATUS	Claim Status	DE2039	Claim Status Code indicating the status of a claim after an adjudication cycle. Use the on-line HELP system to find valid codes for this field.
29	CLAIM ICN	Claim Request ICN	DE2001	Claim Request ICN A unique Transaction Control Number serving to identify each claim transaction record. It is the group representation of Claim Reference DMB (first fourteen bytes representing the date, media, batch number, sequence number) and Claim Reference lines (last two bytes representing line number).
30	PROC	Procedure Code	DE5002	Procedure Code used to identify a specific dental, medical, revenue, or ICD diagnosis/surgical procedure.
31	PROCEDURE DESCRIPTION	Procedure Short Name	DE5015	Procedure Short Name Description of the procedure code in lay terminology.
32.1	UNITS BILL	Claim Number of Units/Visits/Studies	DE2009	Claim Number of Units/Visits/Studies This is the number of units of the procedure performed by the provider.
32.2	UNITS BILL	Claims Pharmacy Metric/Dec/Qty	DE2248	Claims Pharmacy Metric/Dec/Qty This is the metric decimal quantity of the drug (NDC) being dispensed by the pharmacist.
33	AMT BILL	Claim Billed Charge	DE2016	Claim Billed Charge The charge submitted on a claim.
34	AMT PD	Claim Allowed Amount	DE2073	Claim Allowed Amount The calculated claim payment amount before reduction due to copay, TPL, patient liability,

				cutbacks (other than pricing) or denial.
35	PA NUMBER	Prior Authorization Control Number	DE2024	Prior Authorization Control Number The unique identifier for a Prior Authorization. It is made up of the days since, DE 2499, the PA sequence number, DE 2498, and the PA type, DE 2508.
36	SVC LIM	Calculated	DE0002	Service Limit
37	FORM TYP	Claim Form Type	DE2088	Claim Form Type Indicator defining the type of claim form on which the claim was filed. Use the on-line HELP system to find valid codes for this field.
38	TOTALS FOR PROCEDURE/PROVIDER: UNITS BILLED	Calculated	DE0002	Sum of Claim units billed from tracking sample. Break on Procedure number if requested sort order is procedure, otherwise break on provider ID.
39	TOTALS FOR PROCEDURE/PROVIDER: AMOUNT BILLED	Calculated	DE0002	Sum of Claim amounts billed from tracking sample. Break on Procedure number if requested sort order is procedure, otherwise break on provider ID.
40	TOTALS FOR PROCEDURE/PROVIDER: AMOUNT PAID	Calculated	DE0002	Sum of Claim paid amounts from tracking sample. Break on Procedure number if requested sort order is procedure, otherwise break on provider ID.
41	TOTALS FOR ENROLLEE: UNITS BILLED	Calculated	DE0002	Sum of Claim Units billed from tracking sample by enrollee ID.
42	TOTALS FOR ENROLLEE: AMOUNT BILLED	Calculated	DE0002	Sum of Claim amounts billed from tracking sample by enrollee ID.
43	TOTALS FOR ENROLLEE: AMOUNT PAID	Calculated	DE0002	Sum of Claim paid amounts from tracking sample by enrollee ID.

Output Reports SU-O-072 Utilization Tracking Provider History

General Information

This report contains claim information for a particular provider that meets the user-specified criteria requested from screen SU-S-002. It is used to support utilization review. There are three possible sort orders for this report. The example shown in the following mock-up is for sort order version #1. Results will reflect encounter claims if any encounter claims matched the selection criteria. Provider history reporting supports both fee-for-service and encounter claims. Encounter data is included in this report if it meets the user-specified selection criteria.

Subsystem:	SURS
Frequency:	Weekly - Produced Every Friday
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS
Program:	Provider History Report (SUR620)
Confidential:	Yes
Sequence:	Version 1: Provider Procedure Date of Service, Enrollee Version 2: Provider Enrollee Date of Service Version 3: Provider Date of Service Enrollee, Procedure
Control Breaks:	Provider

Utilization Tracking Provider History (SU-O-072)

SUR620 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES SU-O-072
AS OF MM/DD/CCYY UTILIZATION TRACKING PROVIDER HISTORY PAGE 999,999
RUN DATE: MM/DD/CCYY HH:MM SORT ORDER: 1 PROVIDER, PROCEDURE, DATE OF SERVICE, ENROLLEE REQUESTED BY: XXXXXXXX
SELECTION CRITERIA: PROVIDER ID: 1234567890 PROVIDER BASE ID: XXXXX PROVIDER GROUP ID: 1234567890 PROV CLASS TYPE: XX
CLAIM TYPE: X X X X CLAIM STATUS: X X X X DISPOSITION: X X X X DATE OF SERVICE: MM/DD/CCYY - MM/DD/CCYY
PROVIDER ID: 999999999 PROVIDER NAME: XXXXXXXXXXXXXXXXXXXX XXXXX XXXXXXXXXXXXX X XXX CLASS TYPE: XX
ENROLLEE ID ENROLLEE NAME ENRL DOB DATES OF SERVICE CLAIM TYPE STATUS DISP CLAIM ICN
PROC CODE PROCEDURE DESCRIPTION UNITS BILL UNITS PD AMT BILL AMT PAID COPAY
DIAG DIAGNOSIS DESCRIPTION PA NUMBER PA AUTH PA USED PA EFFECTIVE DATE
(14) 9999999999999999 XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXX X XXX MM/DD/CCYY MM/DD/CCYY-MM/DD/CCYY XX X X XXXXXXXXXXXX
(23) XXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX(24) 99,999(25) 99,999(26) 99,999.99(27) 99,999.99(28) 99,999.99(29) MM/DD/CCYY - MM/DD/CCYY
(30) XXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX(31) 999999999999999(32) 9999(33) 9999(34) MM/DD/CCYY - MM/DD/CCYY
9999999999999999 XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXX X XXX MM/DD/CCYY MM/DD/CCYY-MM/DD/CCYY XX X X XXXXXXXXXXXX
XXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 99,999 99,999 99,999.99 99,999.99 99,999.99 MM/DD/CCYY - MM/DD/CCYY
XXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 999999999999999 9999 9999 MM/DD/CCYY - MM/DD/CCYY
9999999999999999 XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXX X XXX MM/DD/CCYY MM/DD/CCYY-MM/DD/CCYY XX X X XXXXXXXXXXXX
XXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 99,999 99,999 99,999.99 99,999.99 99,999.99 MM/DD/CCYY - MM/DD/CCYY
XXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 999999999999999 9999 9999 MM/DD/CCYY - MM/DD/CCYY
9999999999999999 XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXX X XXX MM/DD/CCYY MM/DD/CCYY-MM/DD/CCYY XX X X XXXXXXXXXXXX
XXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 99,999 99,999 99,999.99 99,999.99 99,999.99 MM/DD/CCYY - MM/DD/CCYY
XXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 999999999999999 9999 9999 MM/DD/CCYY - MM/DD/CCYY
TOTALS FOR PROCEDURE: UNITS BILLED: 99,999(37) AMOUNT BILLED: 99,999.99(39) CLAIMS: 9999(41)
UNITS PAID: 99,999(38) AMOUNT PAID: 99,999.99(40)
TOTALS FOR PROVIDER: UNITS BILLED: 99,999(42) AMOUNT BILLED: 99,999.99(44) CLAIMS: 9999(46)
UNITS PAID: 99,999(43) AMOUNT PAID: 99,999.99(46)

* * * END OF REPORT * * *

Utilization Tracking Provider History (SU-O-072)

SUR620 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES SU-O-07
AS OF MM/DD/CCYY UTILIZATION TRACKING PROVIDER HISTORY PAGE 999,99
RUN DATE: MM/DD/CCYY HH:MM SORT ORDER: 2 PROVIDER, ENROLLEE, DATE OF SERVICE REQUESTED BY: XXXXXXXX

SELECTION CRITERIA: PROVIDER ID: 1234567890 PROVIDER BASE ID: XXXXX-XX PROVIDER GROUP ID: 1234567890 PROV CLASS TYPE: XX
(6.1) SITE: XX CLAIM TYPE: Y X X X CLAIM STATUS: X X X X DISPOSITION: X X X X DATE OF SERVICE: MM/DD/CCYY - MM/DD/CCYY

PROVIDER ID: 1234567890 PROVIDER NAME: XXXXXXXXXXXXXXXXXXXX XXXXX XXXXXXXXXXXXX X XXX CLASS TYPE: XX SITE: XX

ENROLLEE ID	ENROLLEE NAME	ENRL DOB	DATES OF SERVICE	CLAIM TYPE	STATUS	DISP	CLAIM ICN
PROC CODE	PROCEDURE DESCRIPTION	UNITS BILL	UNITS PD	AMT BILL	AMT PAID	COPAY	
DIAG	DIAGNOSIS DESCRIPTION	PA NUMBER	PA AUTH	PA USED	PA EFFECTIVE DATE		
(14) 999999999999	(15) XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX X XXX	(16) MM/DD/CCYY	(17) MM/DD/CCYY-MM/DD/CCYY	(18) XX	(19) XX	(20) X	(21) XXXXXXXXXXXX
(23) XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX(24)	99,999(25)	99,999(26)	99,999.99(27)	99,999.99(28)	99,999.99(29)	
(30) XXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX(31)	999999999999(32)	9999(33)	9999(34)	MM/DD/CCYY - MM/DD/CCYY		
999999999999	XXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX X XXX	MM/DD/CCYY	MM/DD/CCYY-MM/DD/CCYY	XX	X	X	XXXXXXXXXXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	99,999	99,999	99,999.99	99,999.99	99,999.99	
XXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999999	9999	9999	MM/DD/CCYY - MM/DD/CCYY		
999999999999	XXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX X XXX	MM/DD/CCYY	MM/DD/CCYY-MM/DD/CCYY	XX	X	X	XXXXXXXXXXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	99,999	99,999	99,999.99	99,999.99	99,999.99	
XXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999999	9999	9999	MM/DD/CCYY - MM/DD/CCYY		
999999999999	XXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX X XXX	MM/DD/CCYY	MM/DD/CCYY-MM/DD/CCYY	XX	X	X	XXXXXXXXXXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	99,999	99,999	99,999.99	99,999.99	99,999.99	
XXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999999	9999	9999	MM/DD/CCYY - MM/DD/CCYY		

TOTALS FOR ENROLLEE: UNITS BILLED: 99,999(37) AMOUNT BILLED: 99,999.99(39) CLAIMS: 9999(41)
UNITS PAID: 99,999(38) AMOUNT PAID: 99,999.99(40)

TOTALS FOR PROVIDER: UNITS BILLED: 99,999(42) AMOUNT BILLED: 99,999.99(44) CLAIMS: 9999(46)
UNITS PAID: 99,999(43) AMOUNT PAID: 99,999.99(45)

* * * END OF REPORT * * *

Utilization Tracking Provider History (SU-O-072)

4	PROVIDER BASE ID	Provider Base Identification Number	DE4001	Provider Base Identification Number A unique identification number used to associate multiple provider identification numbers to a single provider. Every provider has a Base ID assigned.
5	PROVIDER GROUP ID	National Provider Identifier	DE4700	Provider Identification Number A unique identification number assigned to a provider.
6	PROV CLASS TYPE	Provider Type	DE4006	Provider Type A code that designates the classification of a provider under the State plan (e.g., Dentist, Pharmacy). As of 03/31/99 the following Provider Types were end dated: 069 - HMO Options -Immunization 089 - HMO Options Use the on-line HELP system to find valid codes for this field.
6.1	SITE	NPI XREF Site Number	DE4143	
7	CLAIM TYPE	Claim Type	DE2002	Claim Type A code defining the type of claim. For paper claims, the first 2 positions of the transmission code are used to derive this field. Use the on-line HELP system to find valid codes for this field.
8	CLAIM STATUS	Claim Status	DE2039	Claim Status Code indicating the status of a claim after an adjudication cycle. Use the on-line HELP system to find valid codes for this field.
9	DISPOSITION	Claim Type Modifier	DE2003	Claim Type Modifier A code which indicates the type of claim transaction and the processing to be done. For paper claims, the third position of the transmission code is moved to this field. Use the on-line HELP system to find valid codes for this field.
10	DATE OF SERVICE	Claim Service From	DE2010	Claim Service From Date on

		Date		which the service was first rendered; for a claim covering only one service (e.g., a prescription), this is the only service date.
11	PROVIDER ID	National Provider Identifier	DE4700	National Provider Identification Number A unique identification number assigned to a provider.
12	PROVIDER NAME	Provider Name	DE4085	Provider Name The name of the provider. If a Business Type Provider Name the field is 40 bytes free format. If an Individual Type Provider Name the field is Last Name, First Name, Middle Initial, Suffix and Title.
13	CLASS TYPE	Provider Type	DE4006	Provider Type A code that designates the classification of a provider under the State plan (e.g., Dentist, Pharmacy). As of 03/31/99 the following Provider Types were end dated: 069 - HMO Options -Immunization 089 - HMO Options Use the on-line HELP system to find valid codes for this field.
13.1	SITE	NPI XREF Site Number	DE4143	
14	ENROLLEE ID	Enrollee Identification Number	DE3001	Enrollee Identification Number The DMAS-administered identification number that is used to tie all claims for a single enrollee together.
15	ENROLLEE NAME	Enrollee Last Name	DE3110	Enrollee Last Name The last name of the individual eligible for a DMAS-administered medical care program.
16	ENRL DOB	Enrollee Birth Date	DE3005	Enrollee Birth Date The enrollee's date of birth.
17	DATES OF SERVICE [FROM]	Claim Service From Date	DE2010	Claim Service From Date on which the service was first rendered; for a claim covering only one service (e.g., a prescription), this is the only ser-

				vice date.
18	DATES OF SERVICE [THRU]	Claim Service Thru Date	DE2011	Claim Service Thru Date on which the service was last rendered; for a claim covering only one service (e.g., a prescription), this is the only service date (D_SERV_FROM and D_SERV_THRU will be equal).
19	CLAIM TYPE	Claim Type	DE2002	Claim Type A code defining the type of claim. For paper claims, the first 2 positions of the transmission code are used to derive this field. Use the on-line HELP system to find valid codes for this field.
20	STATUS	Claim Status	DE2039	Claim Status Code indicating the status of a claim after an adjudication cycle. Use the on-line HELP system to find valid codes for this field.
21	DISP	Claim Type Modifier	DE2003	Claim Type Modifier A code which indicates the type of claim transaction and the processing to be done. For paper claims, the third position of the transmission code is moved to this field. Use the on-line HELP system to find valid codes for this field.
22	CLAIM ICN	Claim Request ICN	DE2001	Claim Request ICN A unique Transaction Control Number serving to identify each claim transaction record. It is the group representation of Claim Reference DMB (first fourteen bytes representing the date, media, batch number, sequence number) and Claim Reference lines (last two bytes representing line number).
23	PROC CODE	Procedure Code	DE5002	Procedure Code used to identify a specific dental, medical, revenue, or ICD diagnosis/surgical procedure.

24	PROCEDURE DESCRIPTION	Procedure Short Name	DE5015	Procedure Short Name Description of the procedure code in lay terminology.
25	UNITS BILL	Claim Number of Units/Visits/Studies	DE2009	Claim Number of Units/Visits/Studies This is the number of units of the procedure performed by the provider.
26	UNITS PD	Calculated	DE0002	The total units/days paid. Calculated as the difference between units/days billed (DE# 2009) minus cutback units/days (DE# 2065).
27	AMT BILL	Claim Billed Charge	DE2016	Claim Billed Charge The charge submitted on a claim.
28	AMT PD	Claim Allowed Amount	DE2073	Claim Allowed Amount The calculated claim payment amount before reduction due to copay, TPL, patient liability, cutbacks (other than pricing) or denial.
29	COPAY	Claim Medicaid Co-Payment	DE2022	Claim Medicaid Co-Payment The co-payment amount that the recipient has paid or is to pay on the claim, if any.
30	DIAG	Diagnosis Code	DE5301	Diagnosis Code Identifies a diagnosed medical condition; the ICD coding structure is used.
31	DIAGNOSIS DESCRIPTION	Diagnosis Name	DE5302	Diagnosis Name Generally accepted nomenclature for a diagnosis.
32	PA NUMBER	Prior Authorization Control Number	DE2024	Prior Authorization Control Number The unique identifier for a Prior Authorization. It is made up of the days since, DE 2499, the pa sequence number, DE 2498, and the pa type, DE 2508.
33	PA AUTH	PA Authorized Units	DE2613	PA Authorized Units Number of units that DMAS has actually approved for a prior authorization procedure.
34	PA USED	Claim Units Used	DE2346	Claim Units Used The claim

				units paid for a particular claim for the prior authorization. This field is only used when the authorization is units based (as opposed to dollar based).
35	PA EFFECTIVE DATE [FROM]	PA Authorized From Date	DE2610	PA Authorized From Date The from (begin) date of service that DMAS has actually approved for a specific procedure that required prior authorization.
36	PA EFFECTIVE DATE [THRU]	PA Authorized Through Date	DE2611	PA Authorized Through Date The through (end) date of service that DMAS has actually approved for a specific procedure that required prior authorization.
37	TOTALS FOR Procedure/Enrollee/Date of Service: UNITS BILLED	Calculated	DE0002	Accumulate Sum of Claim Units billed by Secondary Sort key.
38	TOTALS FOR Procedure/Enrollee/Date of Service: UNITS PAID	Calculated	DE0002	Accumulate Sum of Claim Units Paid by secondary sort key.
39	TOTALS FOR Procedure/Enrollee/Date of Service: AMOUNT BILLED	Calculated	DE0002	Accumulate Sum of Claim amounts billed by secondary sort key.
40	TOTALS FOR Procedure/Enrollee/Date of Service: AMOUNT PAID	Calculated	DE0002	Accumulate Sum of Claim Amounts Paid by secondary sort key.
41	TOTALS FOR Procedure/Enrollee/Date of Service: CLAIMS	Calculated	DE0002	Accumulate Counts of Claims by secondary sort key.
42	TOTALS FOR GROUP/BASE/PROVIDER: UNITS BILLED	Calculated	DE0002	Total the Claim units billed for the history request.
43	TOTALS FOR GROUP/BASE/PROVIDER: UNIT PAID	Calculated	DE0002	Total Claim units paid for the Provider History Request.
44	TOTALS FOR GROUP/BASE/PROVIDER: AMOUNT BILLED	Calculated	DE0002	Total Claim billed amount for the Provider History Request.
45	TOTALS FOR GROUP/BASE/PROVIDER: AMOUNT PAID	Calculated	DE0002	Total of Claim Paid Amounts for the Provider History Request.

46	TOTALS FOR GROUP/BASE/PROVIDER: CLAIMS	Calculated	DE0002	Total the number of claims in the Provider History Request.
47	TC	Claim Dental Tooth Code	DE2200	Claim Dental Tooth Code A code identifying the type and site of tooth for treatment. Use the on-line HELP system to find valid codes for this field.
48	DQ	Claim Dental Quad- rant	DE2892	Claim Dental Quadrant The mouth quadrant code. Use the on-line HELP system to find valid codes for this field.
49	SURFC	Claim Dental Surface Codes	DE2201	Claim Dental Surface Codes A code indicating the dental surface for treatment. Use the on-line HELP system to find valid codes for this field.

Output Reports SU-O-073 Prior Authorization Unused Balances

General Information

This report lists all prior authorizations with unused balances based on the criteria values entered by the requesting user on screen SU-S-003. Prior authorizations are used only with fee-for-service claims. Encounter data does not apply to this report.

Subsystem:	SURS
Frequency:	Daily - Monday thru Friday
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS
Program:	Unused Prior Authorizations Report (SUR630)
Confidential:	Yes
Sequence:	Prior Authorization Control Number
Control Breaks:	Request / Record ID

Prior Authorization Unused Balances (SU-O-073)

F
F

PRIOR AUTHORIZATION UNUSED BALANCES

F

* * * END OF REPORT * * *

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PA SERVICE TYPE	PA Service Type Code	DE2635	SU_UT_UNUSED_PA.C_PA_SERVICE_TYPE
2.1	ENDING PA EFFECTIVE DATES	Sample From Selection Date	DE7360	SU_UT_UNUSED_PA.D_AUTH_BEGIN
2.2	ENDING PA EFFECTIVE DATES	Sample To Selection Date	DE7361	SU_UT_UNUSED_PA.D_AUTH_END
3	ENROLLEE ID	PA Enrollee Identification Number	DE2650	SU_UT_UNUSED_PA.I_ENROLLEE_ID
4	REQUEST	Record ID	DE7466	SU_UT_UNUSED_PA.I_RECORD_ID
5	PROVIDER ID	National Provider Identifier	DE4700	SU_UT_UNUSED_PA.I_PROV

6	REQUESTED BY	User/Operator ID	DE0012	
7	ENROLLEE ID	PA Enrollee Identification Number	DE2650	CP_PRIOR_AUTH . I_ENROLLEE
8	ORIG-ENROLLEE	Enrollee Identification Number	DE3001	RS_PRSN_IDENTIFIER
9.1	AUTH-NUM	Claims PA Number of Days Since	DE2499	CP_PRIOR_AUTH . N_DAYS_SINCE
9.2	AUTH-NUM	Claims PA Number Sequence	DE2498	CP_PRIOR_AUTH . I_PA_SEQ_NO
9.3	AUTH-NUM	PA Line Number	DE2607	CP_PRIOR_AUTH . I_PA_LINE_NO
9.4	AUTH-NUM	Claims PA Type Code	DE2508	
10	PROVIDER ID	National Provider Identifier	DE4700	CP_PRIOR_AUTH . I_SRVC_PROV
11	PROV-TP	Provider Type	DE4006	PS_PROV_PVTYPE
12	REQ-DAT	PA Received Date	DE2600	CP_PRIOR_AUTH . D_RECVD
13	APPR-DAT	PA Entry Date	DE2601	CP_PRIOR_AUTH . D_PA_ENTERED
14	ACT-DAT	PA Detail Action Status Date	DE2624	CP_PA_LINE_STATUS . D_PA_LINE_STAT
15	ACT-CD	PA Detail Action Status Code	DE2641	CP_PA_LINE_STATUS . C_PA_STAT_CVAL
16	AUTH-FROM	PA Authorized From Date	DE2610	CP_PRIOR_AUTH . D_AUTH_FROM
17	AUTH-THRU	PA Authorized Through Date	DE2611	CP_PRIOR_AUTH . D_AUTH_THRU
18	CLM_TYP	PA Service Type Code	DE2635	CP_PRIOR_AUTH . C_SRVC_TYPE
19.1	DR	Drug Code (NDC)	DE5200	CP_PHRM_PA_LINE . C_DRUG_NDC
19.2	PROC	Procedure Code	DE5002	CP_MED_PA_LINE . C_PROCEDURE
20	MOD	Claims Procedure Code Modifier	DE2171	CP_MED_PA_LINE . C_PROCEDURE_MOD
21	TOS/TTH	Claim Dental Tooth Code	DE2200	CP_MED_PA_LINE . C_TOOTH
22	SURF	Claim Dental Surface Codes	DE2201	CP_MED_PA_LINE . C_TOOTH_SRFC CP_MED_PA_LINE . C_TOOTH_SRFC2 CP_MED_PA_LINE . C_TOOTH_SRFC3 CP_MED_PA_LINE . C_TOOTH_SRFC4 CP_MED_PA_LINE . C_TOOTH_SRFC5

23	AUTH-UNITS	PA Authorized Units	DE2613	CP_PRIOR_AUTH_LINE . N_ AUTH_UNITS
24	AUTH-AMT	PA Authorized Amount	DE2616	CP_PRIOR_AUTH_LINE . N_ AUTH_AMT
25	USED-UNITS	Claim Units Used	DE2346	Sum of CP_CLM_PA_UTIL . N_ UNITS_USED
26	AMT-PD	PA Amount Used	DE2345	Sum of CP_CLM_PA_UTIL . N_ AMT_USED
27	CLMS-UPDT	Claim Week Ending Date	DE2347	Most recent CP_CLM_PA_UTIL . D_ WEEK_ENDING
28	PERIOD	PA Per Frequency Code	DE2634	CP_PRIOR_AUTH_LINE . C_PER_ FREQ_CVAL

Output Reports SU-O-074 Spend Down Expenditure Report All

General Information

This report displays totals and averages for all spend down budget units with a begin date within the previous twelve months. Spend-downs for each month are reported separately.

Subsystem:	SURS
Frequency:	Monthly
Volume:	12 pages
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS
Program:	Spend-Down Report (SUM640)
Confidential:	No
Sequence:	NBR OF MONTHS NBR OF PERSONS
Control Breaks:	Spend-Down Period Beginning Month

Spend Down Expenditure Report - All (SU-O-074)

SUM640

AS OF 01/31/2001

RUN DATE: 03/01/2001 08:26

ALL SPEND DOWNS WITH LIABILITY BEGINNING IN MARCH

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

UTILIZATION TRACKING SPEND DOWN EXPENDITURE SUMMARY

REPORT

PAGE

2000 (1)

(2) NBR OF MONTHS	(3) NBR OF PERSONS	(4) NUM OF SPND-DWN	(5) TOTAL LIABILITY	(6) AVERAGE LIABILITY	(7) AVG LIABILITY PER MONTH	(8) AVG LIABILITY PER PERSON	(9) AVG LIABILITY PER PERSON
03	01	100	\$ 50,000	\$ 500	\$ 167	\$ 500	\$
03	02	400	\$ 480,000	\$ 1,200	\$ 400	\$ 600	\$
03	03	200	\$ 160,000	\$ 800	\$ 267	\$ 267	\$
03	2.14	700	\$ 690,000	\$ 986	\$ 329	\$ 460	\$
06	02	100	\$ 100,000	\$ 1,000	\$ 167	\$ 500	\$
06	04	400	\$ 500,000	\$ 1,250	\$ 208	\$ 313	\$
06	06	200	\$ 300,000	\$ 1,500	\$ 250	\$ 250	\$
06	4.29	700	\$ 900,000	\$ 1,286	\$ 214	\$ 300	\$

TOTALS / AVERAGES FOR MONTH

3.00	01	100	\$ 50,000	\$ 500	\$ 167	\$ 500	\$
3.60	02	500	\$ 580,000	\$ 1,160	\$ 322	\$ 580	\$
3.00	03	200	\$ 160,000	\$ 800	\$ 267	\$ 267	\$
6.00	04	400	\$ 500,000	\$ 1,250	\$ 208	\$ 313	\$
6.00	06	200	\$ 300,000	\$ 1,500	\$ 250	\$ 250	\$
4.50	3.21	1,400	\$ 1,590,000	\$ 1,136	\$ 252	\$ 353	\$

* * * END OF REPORT * * *

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Report Month / Year	Calculated	DE0002	The beginning month and year of the spend-downs reported on the current page (based on the Enrollee Spend Down Liability Begin Date DE#3496).
2	NBR OF MONTHS	Calculated	DE0002	The number of months between the spend-down begin date and spend-down end date. Spend-down units with the same number of months in the spend-down period are grouped together on this report.
3	NBR OF PERSONS	Calculated	DE0002	The number of persons associated with the spend-down unit. Spend-down units with the same number of persons are grouped together on this report.
4	NUM OF SPND-DWN	Calculated	DE0002	Count of the total number of spend-down units.

5	TOTAL LIABILITY	Calculated	DE0002	Sum of the liability amounts (DE#3465) for the spend-down units.
6	AVERAGE LIABILITY	Calculated	DE0002	'TOTAL LIABILITY' / 'NUM OF SPND-DWN'. This is the average liability amount per spend-down unit.
7	AVG LIABILITY PER MONTH	Calculated	DE0002	'TOTAL LIABILITY' / ('NBR OF MONTHS' * 'NUM OF SPND-DWN'). This is the average liability amount per month for the spend-down units.
8	AVERAGE LIABILITY PER PERSON	Calculated	DE0002	'TOTAL LIABILITY' / ('NBR OF PERSONS' * ' NUM OF SPND-DWN'). This is the average liability amount per person for the spend-down units.
9	AVERAGE LIABILITY PER PERSON/MONTH	Calculated	DE0002	'TOTAL LIABILITY' / ('NBR OF MONTHS' * 'NBR OF PERSONS' * ' NUM OF SPND-DWN'). This is the average liability amount per person per month for the spend-down units.

Output Reports SU-O-075 Spend Down Expenditure Report Met

General Information

This report displays totals and averages for met spend down budget units with a begin date within the previous twelve months. Spend-downs for each month are reported separately.

Subsystem:	SURS
Frequency:	Monthly
Volume:	12 pages
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS
Program:	Spend-Down Report (SUM640)
Confidential:	No
Sequence:	NBR OF MONTHS NBR OF PERSONS
Control Breaks:	Spend-Down Period Beginning Month / Year

Spend Down Expenditure Report - Met (SU-O-075)

SUM640
AS OF 01/31/2001
RUN DATE: 03/01/2001 08:26

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
UTILIZATION TRACKING SPEND DOWN EXPENDITURE SUMMARY

MET SPEND DOWNS WITH LIABILITY BEGINNING IN MARCH 2000^①

② NBR OF MONTHS	③ NBR OF PERSONS	④ NUM OF SPND-DWN	⑤ TOTAL LIABILITY	⑥ AVERAGE LIABILITY	⑦ AVG LIABILITY PER MONTH	⑧ AVG LIABILITY PER PERSON	⑨ AVG LIAB PER PERSON/
03	01	100	\$ 50,000	\$ 500	\$ 167	\$ 500	\$
03	02	400	\$ 480,000	\$ 1,200	\$ 400	\$ 600	\$
03	03	200	\$ 160,000	\$ 800	\$ 267	\$ 267	\$
03	2.14	700	\$ 690,000	\$ 986	\$ 329	\$ 460	\$
06	02	100	\$ 100,000	\$ 1,000	\$ 167	\$ 500	\$
06	04	400	\$ 500,000	\$ 1,250	\$ 208	\$ 313	\$
06	06	200	\$ 300,000	\$ 1,500	\$ 250	\$ 250	\$
06	4.29	700	\$ 900,000	\$ 1,286	\$ 214	\$ 300	\$

TOTALS / AVERAGES FOR MONTH

3.00	01	100	\$ 50,000	\$ 500	\$ 167	\$ 500	\$
3.60	02	500	\$ 580,000	\$ 1,160	\$ 322	\$ 580	\$
3.00	03	200	\$ 160,000	\$ 800	\$ 267	\$ 267	\$
6.00	04	400	\$ 500,000	\$ 1,250	\$ 208	\$ 313	\$
6.00	06	200	\$ 300,000	\$ 1,500	\$ 250	\$ 250	\$
4.50	3.21	1,400	\$ 1,590,000	\$ 1,136	\$ 252	\$ 353	\$

* * * END OF REPORT * * *

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Report Month / Year	Calculated	DE0002	The beginning month and year of the spend-downs reported on the current page (based on the Enrollee Spend Down Liability Begin Date DE#3496).
2	NBR OF MONTHS	Calculated	DE0002	The number of months between the spend-down begin date and spend-down end date. Spend-down units with the same number of months in the spend-down period are grouped together on this report.
3	NBR OF PERSONS	Calculated	DE0002	The number of persons associated with the spend-down unit. Spend-down units with the same number of persons are grouped together on this report.
4	NUM OF SPND-DWN	Calculated	DE0002	Count of the total number of spend-down units.

5	TOTAL LIABILITY	Calculated	DE0002	Sum of the liability amounts (DE#3465) for the spend-down units.
6	AVERAGE LIABILITY	Calculated	DE0002	'TOTAL LIABILITY' / 'NUM OF SPND-DWN'. This is the average liability amount per spend-down unit.
7	AVG LIABILITY PER MONTH	Calculated	DE0002	'TOTAL LIABILITY' / ('NBR OF MONTHS' * 'NUM OF SPND-DWN'). This is the average liability amount per month for the spend-down units.
8	AVERAGE LIABILITY PER PERSON	Calculated	DE0002	'TOTAL LIABILITY' / ('NBR OF PERSONS' * ' NUM OF SPND-DWN'). This is the average liability amount per person for the spend-down units.
9	AVERAGE LIABILITY PER PERSON/MONTH	Calculated	DE0002	'TOTAL LIABILITY' / ('NBR OF MONTHS' * 'NBR OF PERSONS' * ' NUM OF SPND-DWN'). This is the average liability amount per person per month for the spend-down units.
10	AVG DAYS TILL MET	Calculated	DE0002	For each met spend-down unit, calculate the number of days until the spend down was met = D_LIABILITY_MET minus D_LIABILITY_BEGIN. Sum all of the days till met and divide by the total number of spend-downs.